



Product Order Form

Date	
SO#	
PO#	

Submit orders via email: Law Enforcement, Fire & Ambulance: sales2@lgs-group.com
 Transit, Work Truck, Mobility & RV: sales@lgs-group.com
 Replacement Service Parts: OrderAdmin@lgs-group.com

PURCHASER INFORMATION

Company Name _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____
 Email Address _____

REQUIRED: INSTALL VEHICLE INFORMATION

Orders will not be processed without the install vehicle's make, model and year.
This information is needed for accurate configuration.

Vehicle Make _____ Vehicle Model _____ Lift Details: (if applicable)
 Vehicle Year _____ Vehicle Engine _____ Braun Ricon Manual Power

PRODUCT ORDER

Quantity	Part # / Configuration
_____	_____
_____	_____
_____	_____
_____	_____

SHIPPING INFORMATION

Shipping Method Ground 3-Day 2-Day Next Day Account # _____

PAYMENT INFORMATION

Card Number _____
 Name on Card _____ Expiration _____
 Billing Address _____
 Billing Email _____ Convenience Fee Explained

NOTES

