	O ORDER INFORMATION FORM					INV #
Date:	NE	W KIT	UPGR	ADE	,	SEQ#
1: Ship To Address:						
	EIN NUMBER: PO NUMBER:					
2: Payment Info (and	VISA 🔲	MASTERCA	RD 🗌	WIRE T	RANSFER 🗌	COD 🔲
Credit Card	Visa/MC#:	SEC CODE:				
Authorization):	CARD SIGNATURE: PRINT NAME:					
	<u>PART NUMBER</u>	<u>PRICE</u>		<u>DE</u> P	<u>POSIT</u>	<u>owing</u>
3: Shipping Info:	SECOND DAY	OVERNIGHT 🗖	UPS 🗆	FED EX □	Acct #	
4: G1 Broker:	NAME:			PHONE NUM	1BER:	
5: Aircraft Owner:	NAME:					
	EMAIL:					
	PHONE NUMBER:					
6: Aircraft Installer:	CONADANIV NIANAE.					
6: Aircraft installer:	COMPANY NAME: CONTACT:					
	PHONE NUMBER:					
	EMAIL:					
	ADDRESS (unless show	n above):				
7. 6:	MANYE & MAGDEL MUNAS	250			VEAD	
7: Aircraft Info:	MAKE & MODEL NUME TAIL NUMBER:	BER:			YEAR: # ofCYLINDER:	S: TURBO'S:
	HARNESS LENGTH	8' 🗍	10'	14' 🖂	24'	custom
8: Engine Info:	ENGINE MAKE / MODE BUSS ELEC. SYSTEM:		20	ELECTRONIC		Y or N
	MANIFOLD PRESSURE	12v 🔲		MAX H.P:	# of Fuel Pum	AT MAX H.P:
	KEEPING FACTORY CHT GAUGE - Y☐ or N ☐ FUEL-MAXIMUM USABLE CAPACITY:					
	SUPPLEMENTARY OIL T					
	EXISTING FUEL FLOW T	RANSDUCER:	Y 🔲 or	N 🔲	MAKE:	
	Max Fuel flow at Take o	off:		_		
	LOCATION OF FUEL FLOW TRANSDUCER -*NEW*:   INLINE   SPINE   FIREWALL					
FUEL DELIVERY TYPE: CARBURETED   INJECTED   PRESSURE CARBURE						
	CARB TEMP & PROBE INCLUDED IF CARBURETED:			YES  VEC		NO 🗌
	CHT ADAPTOR PROBE REQUIRED (EXTRA \$50):  DUAL TIT PROBE REQUIRED (EXTRA \$100):			YES T		NO 🗌
		ND TRANSDUCER FOR PCARB (EXTRA \$375.00)			ES	NO 🗆

YES

NO 🗌

ELECTRONIC INGNITION: (EXTRA \$270.00)