Centrifugal Air Pumps & Automotive

ACN 068 683 858. ABN 98068683858 Branch 003
Lot 10 Kay Avenue Berri SA 5343 Australia
Telephone Intl: 61 885823499, (08) 8582 3499, 0418 221 164, Fax (08) 8582 3477
Email: capa@riverland.net.au Web: www.capa.com.au

Information for Quotes

FITTERS

Name/Company: _____ Date Quoted: / /
Address: _____ Town: _____
State: _____ Country: _____ Post Code: _____
Phone: *(Work)* _____ *(Facsimile)* _____
(Mobile) _____ *(Email)* _____

OWNER (END USER)

Name/Company: _____
Address: _____ Town: _____
State: _____ Country: _____ Post Code: _____
Phone: *(Work)* _____ *(Facsimile)* _____
(Mobile) _____ *(Email)* _____

SPECIAL USAGE / CONDITION

ie, racing, 4 x 4, boat, bikes, other details:

_____

FREIGHT COMPANY:

_____

(Preferred) *(Your own freight company details)* Pick up phone number: _____

VEHICLE DETAILS

Vehicle: _____ Make: _____ Model: _____
Engine Size: _____ Year/Month: _____ Colour: _____ Code No: _____
Memcal No.and/or Letters: ____ ____ ____ ____ Fuel Inj. No: _____ Odometer Reading: _____
Fuel injector top half colour: _____ Preferred blower/bracket colour: _____

PLEASE ANSWER THE FOLLOWING BY CIRCLING

Air Conditioner: YES / NO Auto / Manual Carb / EFI Type of Fuel: PULP / Leaded / ULP / Gas / Diesel

Powersteering Fitted: YES / NO
ABS: YES / NO
Cruise Control: YES / NO
Is premium unleaded available to you: YES / NO
Are there any engine modifications: YES / NO
Are any after market accessories fitted: YES / NO

COMPUTER MODIFICATION DETAILS

Transmission enhancement chip required: YES / NO
Max rev limit set to: _____
Max boost: _____
Kit stage number: _____

HOLDEN: Computer chips/memcal are sold on an exchange basis.

CAPA BANKING DETAILS

Bank: ANZ Australia Bank
Branch: Berri, South Australia
Account Name: Centrifugal Air Pumps & Automotive
Bank/Branch Code: 015-513
Account Number: 3529-26376
Payments are to be made by telegraphic transfer or cash only.
This ensures that all funds are cleared on the day of deposit.

Qty	PRODUCT DETAILS LIST	*Price*
	Freight & Insurance:	
	Memcal Deposit:	
	Tax Exempt TOTAL: *(QUOTED)*	
	Tax Included TOTAL: *(QUOTED)*	

CREDIT CARD DETAILS

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Name: _____

Visa ☐ M/Card ☐ AMEX ☐ Signature: _____

Exp ___ / ___ Auth # _____ Amount: $ _____