



ATC Freightliner Group Parts Request Form



I Need A Part!

Your Name	<input type="text"/>	Phone (Day)	<input type="text"/>
Email Address	<input type="text"/>		(Include Area Code)
Company	<input type="text"/>	Phone (Evening)	<input type="text"/>
Address	<input type="text"/>	Fax Number	<input type="text"/>
City/State/Zip	<input type="text"/>		(If Available)

Please Complete As Much Information As Possible

	Year	Make	Model
Truck Model	<input type="text"/>	<input type="text"/>	<input type="text"/>
Truck Type	<input type="text"/>		
Exterior Color Code	<input type="text"/>		
Interior Color Code	<input type="text"/>		
VIN # (Truck Serial Number)	<input type="text"/>		



Completing the Serial Number field will greatly assist us in accomodating your parts needs.

	Manufacturer	Model	HP
Engine	<input type="text"/>	<input type="text"/>	<input type="text"/>

Include exact transmission, if known. Include # Speeds.

Transmission	<input type="text"/>
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Warranty (Please Circle One)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Information on Part(s)

PART(S) TO BE REQUESTED

Fax To: Robert Thompson, General Manager - Parts Operations

Fax No: (405) 942-4810

Thank you for the information. We will review your request and get back to you promptly.
Expect a response within the next two business days, either by Email or phone.