



**KUSTOM KRAFT PERFORMANCE**

4330 W Desert Inn Suite F  
Las Vegas, NV. 89102  
702-418-7668

**Order Form/Packing Slip**

**PRINT & INCLUDE IN BOX WITH CYLINDER OR CRANKSHAFT**

**Contact Information**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (     ) -     - \_\_\_\_\_

**Vehicle Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**Work Needed**

- |  |   |
|--|---|
| <input type="checkbox"/> Top End Bearing       | <input type="checkbox"/> Rebuild Crankshaft |
| <input type="checkbox"/> Top End Gasket Set    | <input type="checkbox"/> Wrist Pin          |
| <input type="checkbox"/> Bore to Next Oversize | <input type="checkbox"/> Hone Only          |

**Return Shipping Preference (UPS)**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Next Day | <input type="checkbox"/> Three Day |
| <input type="checkbox"/> Two Day  | <input type="checkbox"/> Ground    |

**Payment Method**

- |                                     |                               |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa |
|-------------------------------------|-------------------------------|

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

*Additional charges will apply to remove parts left on cylinder (studs, powervalves, covers, intake, etc). Any parts left over 30 day's will be sold.*