



CUSTOM MOTORS INC

New Customer Form

Today's Date: _____

Please fill out the following information. After you've completed the form please return by fax to (507) 427-2256, and we will contact you. Thanks!

Contact Name: _____

Company Name: _____

Billing Address:

Address: _____

City, State, Zip: _____ Telephone: _____ FAX: _____

Shipping Address: (If different than Billing Address)

Address: _____

City, State, Zip: _____ Telephone: _____ FAX: _____

How did you hear about Custom Motors, Inc.?

Brief explanation of your servo needs: