



ACCT NO.	Name or P.O. No.	Date:
NAME		
CITY	STATE	ZIP

To FAX your Wheel Weight order to CREST

1. Print Your **Name** or **P.O** and **Date**, in the space provided.
2. Write the **Quantity** in the space provided.
3. Fax to the number below.

FAST

FAX

QUANTITY	MC
	MCPS025
	MCPS050
	MCPS075
	MCPS100
	MCPS125
	MCPS150
	MCPS175
	MCPS200

ADHESIVE	
QUANTITY	1/4 oz. / 7g
	312FE30
QUANTITY	1/4 oz. 20lbs. ROLL
	320FE
QUANTITY	5 GRAMS
	212FES52

QUANTITY	IAW
	IAWPS05
	IAWPS10
	IAWPS15
	IAWPS20
	IAWPS25
	IAWPS30
	IAWPS35
	IAWPS40

QUANTITY	T
	TPS025
	TPS050
	TPS075
	TPS100
	TPS125
	TPS150
	TPS175
	TPS200

QUANTITY	FN
	FNPS05
	FNPS10
	FNPS15
	FNPS20
	FNPS25
	FNPS30
	FNPS35
	FNPS40

QUANTITY	P/REG
	PFe025
	PFe050
	PFe075
	PFe100
	PFe125
	PFe150
	PFe175
	PFe200

QUANTITY	OTHER ITEMS

EZ FlexSys Y-Line \ EZ CRSWheel Weights \ Wheel Weight ReOrder Form.pub

Fax To: CREST	732-458-5753	24 Hours/ 7 Days a week
24 Hours/ 7 Days a week	732-458-5753	Fax To: CREST