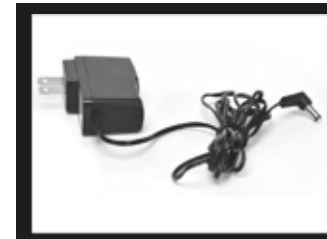




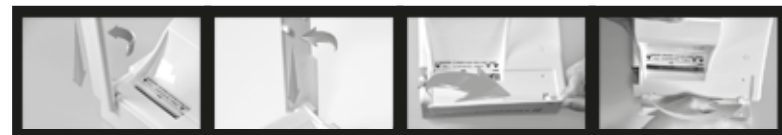
# PARTS PRICE LIST

## Order Form

SUPERAUTO™ PARTS LIST				
QTY	PART DESCRIPTION	PART#	PRICE	AMOUNT
	Chamber Guard	PPS01	\$1.00	
	110 AC Adaptor	PPS02	\$10.00	
	Tobacco Tamper	PPS03	\$0.60	
	Cleaning Tool Set	PPS04	\$2.00	
	Cleaning Compartment Cover	PPS05	\$0.50	
	Short Spring	PPS06	\$0.40	
	Long Spring	PPS07	\$0.60	
	Nozzle Grip	PPS08	\$0.20	
	Bottom Case Assembly <small>8PC SET</small>	PPS09	\$0.25	
<b>SUBTOTAL</b>				



➤  
REPLACING  
CHAMBER  
GUARD



Replacement parts for the SuperAuto™ may become unavailable if Republic Brands chooses, at its sole discretion, to discontinue its inventory of such parts. Republic Brands is under no obligation to keep and maintain an inventory of replacement parts available for the SuperAuto™. Product must be registered for repair and service agreement to be valid.

SEE REVERSE SIDE FOR PAYMENT DETAILS



# PARTS PRICE LIST

## Order Form

**YOU MUST INCLUDE PROOF OF AGE**  
 (COPY OF VALID DRIVER'S LICENSE/LEGAL ID)  
**WITH THIS FORM!**

**SHIPPING ADDRESS - PLEASE PRINT:**

**NOTE - WE CANNOT SHIP TO A P.O. BOX - PLEASE, NO P.O.S**

[Grid for First Name]

First Name

[Grid for Last Name]

Last Name

[Grid for Address]

Address

[Grid for Address (cont.)]

Address (cont.)

[Grid for Apt./Unit#]

Apt./Unit#

[Grid for City]

City

[Grid for State, Zip, Phone Number]

State

Zip

Phone Number

[Grid for Email]

Email

Please include **US\$7.50** for **Shipping and Handling**.

Please send your parts order and payment, along with a copy of a valid driver's license/legal id (**must show proof of age of 21 years or older**), to the following:

**SUPERAUTO™ REPAIR SERVICE CENTER**

**Republic Brands**

2301 Ravine Way, Glenview, IL 60025

**T:** (855) RYO-HELP (796-4357) **F:** (847) 832-0246

**E-mail:** superauto@ryoservice.com **Web:** www.ryoservice.com



Order Date: [ ]/[ ]/[ ]  
 month day year

**Subtotal** (from reverse side) [ ]  
**Applicable Sales Tax** (for IL residents only) [ ]  
**Shipping and Handling** **US \$7.50**

**TOTAL** [ ]

We accept the following payment types:



Please make check/money order payable to **Republic Brands**

Name [ ]  
 (as it appears on card)

Card Number #: [ ]

Exp. Date: [ ]/[ ] Security Code: [ ]

**Billing Address:**  same as shipping address

[Grid for Billing Address]

Address

Apt./Unit#

[Grid for Billing City, State, Zip]

City

State

Zip

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

[ ]/[ ]/[ ]  
 month day year

**SEE REVERSE SIDE FOR PARTS LIST**