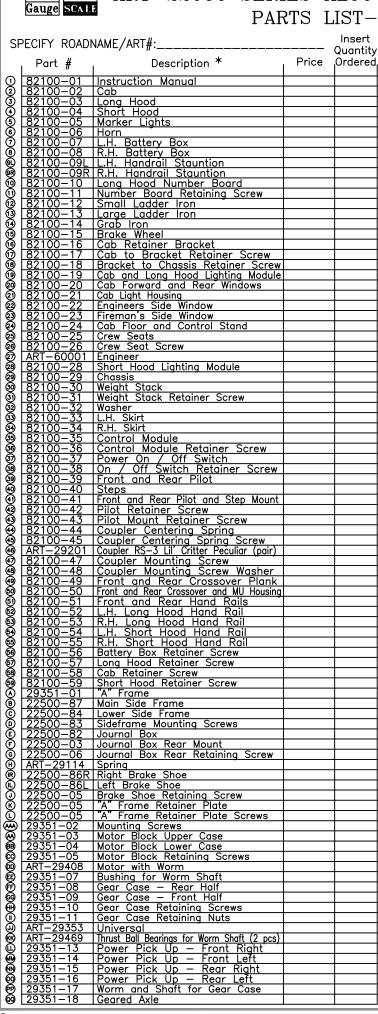
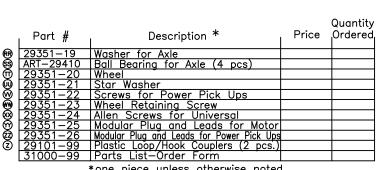




1:29 ART-22050 SERIES ALCO FB-1 DIESEL LOCOMOTIVE

PARTS LIST-ORDER FORM





*one piece unless otherwise noted

RETURN THIS FORM WITH YOUR ORDER A REPLACEMENT FORM WILL BE SENT WITH YOUR ORDER

NOTE: When ordering replacement parts or repair request, please refer to proper 5 or 7 digit number listed.

XX refers to last two digits of roadname ART freight car number when part is painted to match, i.e. ART—22029 WESTERN MARYLAND. 22029—03 would then refer to BODY SHELL for WESTERN MARYLAND ALCO FB—1 DIESEL LOCOMOTIVE ART—22029. If part is same FOR ALL ALCO FB—1 DIESEL LOCOMOTIVES, 22050—plus 2 digit number would be used to denote specific part, i.e. 22050—42 CHASSIS. When part is same FOR ALL ALCO FB—1 DIESEL LOCOMOTIVES and OTHER TOTAL CAPS 20200 (ALL ALCO FB—1 DIESEL LOCOMOTIVES and OTHER DIESEL LOCOMOTIVES and OTHER FREIGHT CARS 29200 (or other #-plus 2 digit number) would be used to denote specific part regardless of roadname/car type. Please specify roadname/ART# on line above part# list.

Unpainted/painted part(s) will be substituted if the painted to match part(s) ordered are not available.

In addition to Price Each shown please enclose... \$5.00 shipping/handling if part order is less than \$10.00 or \$10.00 shipping/handling if part order is \$10.00 or more. This is for part order only. Not WARRANTY order.

Include proper payment for parts plus shipping/handling with your (USA Bank Account Only) check/money order payable in US Dollars (\$) to: Polk's Hobbies. Please DO NOT SEND CASH. Sorry no C.O.D.'s for parts.

New Jersey residents add 6% NJ State Sales Tax.

Be Sure to include your name, street address (no Post Office Box please), city, state (or province), country (if outside USA), and postal zip code, along with daytime phone number including Area Code, so that you may be contacted if necessary.

Mail order form and payment to:

ARISTO-CRAFT TRAINS/Polk's Modelcraft Hobbies, Inc. 698 South 21st Street Irvington, NJ 07111-4109 USA

Allow 4-6 weeks for processing and delivery.

PLEASE PRINT CLEARLY

PHONE:(____)-____

NAME:		
ADDRESS		
CITY:	STATE:	ZIP

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