

SERVICE REQUEST FORM

Date: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____ Alt Phone _____ Email _____

VEHICLE INFORMATION

Year _____ Make _____

Model _____ Engine _____

Odometer _____ License Plate# _____

Stock# _____ RO#/PO# _____

VIN# _____

SPECIFIC COMPLAINT: _____

- INSTRUMENTATION REPAIR/EXCHANGE
- ELECTRICAL-DIAGNOSE MALFUNCTION/REPAIR
- ODOMETER CORRECTION**
- PROGRAMMING/REFLASHING (PCM, ECM, ETC)**
- ACCURACY CHECK/CALIBRATION
- CUSTOM MADE CABLE & HOUSING
- CRUISE CONTROL – PARTS/INSTALLATION
- BACK UP WARNING SYSTEM

*Please mark if you want us to complete the REPAIR upon receipt without calling with a diagnosis and price or if you want a call with a DIAGNOSIS & ESTIMATE before repair. **In order to prevent costly mistakes we are unable to begin any work if your request is not marked and signed below.***

COMPLETE REPAIR W/OUT CALLING – We already know the cost-JUST FIX IT!

DIAGNOSE & CALL WITH AN ESTIMATE

FOR ALL ITEMS THAT ARE NOT COMMON ISSUES & NEED TO BE DIAGNOSED-THE DIAG FEE *MUST BE PAID IN ADVANCE WHEN THE CLUSTER/VEHICLE IS BROUGHT IN.*
\$75 FOR OTC ITEMS \$120 FOR ALL VEHICLES

Requested by: (Print Name)

Signature: (Signature approves charges for work marked above)

PAYMENT OPTIONS

- PAY ONLINE WITH CREDIT CARD VIA EMAIL
- PAY IN PERSON WITH COMPANY CHECK, CASH OR CREDIT CARD

CREDIT CARD MUST HAVE NAME OF PERSON PRESENTING CARD ON IT TO BE ACCEPTED. IF IT DOES NOT WE NEED TO FAX FOR A SIGNATURE OR EMAIL FOR PAYMENT.

Complete this form and sign where needed. Bring in with your cluster and/or vehicle; fax or mail with your cluster if shipping. Fax Number: 713.690.3722.