

SERVICE REQUEST FORM

REPAIR FACILITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE# _____ FAX# _____

EMAIL: _____

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL _____

VIN# _____

WHAT IS THE SPECIFIC MALFUNCTION? _____

COMPLETE REPAIR W/OUT CALLING – JUST FIX IT! *This is for all common malfunctions that do not require diagnostic time and you are already familiar with the cost. No prepaid diagnostic fee is required.*

FOR ALL ITEMS THAT ARE NOT COMMON ISSUES & NEED TO BE DIAGNOSED-THE DIAG FEE IS REQUIRED IN ADVANCE WHEN THE CLUSTER/VEHICLE IS BROUGHT IN.

DIAGNOSE & CALL WITH AN ESTIMATE

\$75 FOR OTC ITEMS-DIAG WILL BE APPLIED TO RECOMMENDED REPAIRS

\$120 FOR ALL VEHICLES THAT REQUIRE US&E TECHS TO REMOVE THE IPC. THE DIAG FEE WILL BE APPLIED TO RECOMMENDED REPAIRS.

Email me to pay for the diag fee online.

Call me and I will pay diag fee by phone.

Co Check attached.

Requested by: (Print Name) _____

US&E 5335 BINGLE RD HOUSTON, TEXAS 77092

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