ORDER #

CUSTOMER INFORMATION FORM

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: (_____)_____

EMAIL ADDRESS: _____

FRONT OF LINE SERVICE: YES ☐ NO ☐
ADDITIONAL $50

PART INFORMATION

YEAR: _____ **MAKE**: _____ **MODEL**: _____

PART TYPE: _____

UPGRADES REQUESTED (For instrument clusters only)

LED LIGHTS ☐ NEW LENS ☐

FACEPLATE STYLE ☐ GAUGE POINTERS ☐

BRIEF DESCRIPTION OF FAULTY ITEM AND PROBLEMS IT MAY BE HAVING:

_____

_____

_____

SHIP TO:

AUTO TECH RESCUE
5394 HWY 43
JOPLIN, MO 64804