



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  
5390 HWY 43  
JOPLIN, MO 64804**