



ORDER #

## CUSTOMER INFORMATION FORM

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FRONT OF LINE SERVICE: YES  NO

## 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  
94 EASTVIEW AVE  
VALPARAISO, FL 32580**