ORDER #

CUSTOMER INFORMATION FORM

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: (_____)_____

EMAIL ADDRESS: _____

OVERNIGHT SHIPPING: 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