



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
2772 S. LOMA LINDA DR.
JOPLIN, MO 64804**