



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: _____

UPGRADES REQUESTED

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**