



Please print out this form, complete fully and enclose with your repair.

Customer Information:

Salutation: _____ Name: _____ Date: ____/____/____

Return Address for Repair to be Shipped To: Location should be secure or have someone to receive your unit.

Apartment or Suite _____ Street Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Include Area Code. Daytime _____ Evenings _____ Pager / Mobile _____

E-mail Address: (Please enter carefully and legibly) _____ @ _____

Vehicle Information:

Make of Vehicle (Ford, Chevrolet, Buick...): _____ **Model** (Crown Victoria, Impala, Regal...): _____
Year: _____

Engine Displacement if Known: _____ **Cylinders:** ____ **VIN #:** _____

Mileage: _____ If mileage needs to be reset, some proof of mileage is required. Proof may be a resent service ticket, last state inspection, or oil change. **Odometer tampering is a Federal crime!**

What is the Primary Problem with the Unit? Please check to the left of the items that apply and provide comments as necessary. The more information we have the better we can troubleshoot the problem.

- **What Function is Not Working?** Backlight Odometer Pointers Speedometer Tachometer
 Gauges, which ones? _____ Other, please explain _____
- **What is the Primary Problem?** Dead Dim Doesn't Light Erratic Flickers Reads Incorrectly Shuts Off
 Other, please explain _____
- **When Does the Problem Happen?** Always Sometimes Rarely Hitting Bumps Hitting Dash
 When Cold When Hot Other, please explain _____
- **For Speedometer or Odometer Problems, Does the Vehicle Have Cruise Control?** Yes No
 Is cruise control operational at this time? Yes No
 If cruise control is operational, you may not have a cluster problem, and this should be diagnosed by a repair technician.
- **Other Important Details?** _____

Payment Method: (Please Check One)

COD. Add \$10.00 to estimates for the UPS COD fee. UPS will not ship to a PO Box.

Credit Card: Please include the information below. No charges made until ready to ship. You may also call us toll free at (866) 427-1112 with your card information.

Check if Price Quote Needed or call Toll FREE – 1(866) 427-1112

Card Number: _____ -- _____ -- _____ **Exp. Mth/Yr** _____ **V Code** _____

Check Card Type: MasterCard Visa

Full Name, as shown on card: _____ **Signature:** _____

- **Address Where Credit Card Statement is Received if Different from Ship To Address Above:**

Apartment or Suite _____ **Street Address** _____

City _____ **State** _____ **ZIP Code** _____