



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

Customer's Information

Name: _____ Date _____ / _____ / _____
Shipping Address to be returned to: Signature Required for Received Unit
Suite or Apartment _____ Street Address _____
City _____ State _____ Zip Code _____
Phone #: Land Line _____ Cell # _____
E-mail Address _____

Vehicle Information:

Make and Year (Ex: 99 Chevy, 96 Chrysler, etc). _____ Model (Tahoe, Sebring,) _____
Vin: _____ Engine Size (if known _____ Number of Cylinders _____
Mileage _____ (If mileage needs to be reset, proof of mileage is required. A Notarized Odometer Statement is needed and a copy of the vehicle's title). **Odometer Tampering is a Federal Crime.**

Full Description of Malfunctioning of the Unit. Please circle the item(s) that best describe(s) your problem(s).

Pointer(s), Odometer, Speedometer, Tachometer (RPM Gauge), Illumination, Display(s) or Other.

If you selected "Other", Please explain _____

What is the Main Problem? Circle One: Does not light up, Incorrect Reading, Dead, Shuts off, Dim, Erratic, Other Explain _____

When is the Unit Malfunctioning? Circle One: Rarely, on Bumpy Roads, Tapping on Dashboard, Always, When is cold, When Warm, Other (explain) _____

If you have a bad speedometer or odometer we need to know if your vehicle is equipped with cruise control.

Circle One: Yes, No. If you circled "yes" then we need to know if it works, Circle One: Yes, No.

Other Information you may find useful regarding your unit _____

Payment Info:

Check: your unit will be held until the check clears. You will get a refund by check only, if needed.

Credit Card: no charges will be made until the unit is fixed.

Please, provide the following info regarding your credit card.

Circle One: American Express, Discover, Master Card, Visa etc.

Card Number: _____ -- _____ -- _____ Exp. Date: Month _____ Day _____ Year _____

Full Name as shown on the card _____ Signature _____

Your credit card billing address if different from shipping address above.

Suite or Apartment _____ Street Address _____

City _____ State _____ Zip Code _____