



CUSTOMER INFORMATION FORM

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

CITY/STATE/ZIP: _____

(Due to the size of most packages, we are not able to ship to a PO Box)

PHONE NUMBER: (_____) _____

EMAIL ADDRESS: _____

(We will contact you with any questions as well as to deliver tracking information)

OVERNIGHT SHIPPING: YES NO

PART INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

PART TYPE: _____

SERVICE REQUESTED (For instrument clusters only)

One gauge

Three gauges

Two gauges

Complete rebuild

BRIEF DESCRIPTION OF FAULTY ITEM AND PROBLEMS IT MAY BE HAVING:

SHIP TO:

**AUTO TECH RESCUE
5446 BUTTERFIELD DRIVE
LOMA LINDA, MO 64804**