



CUSTOMER INFORMATION FORM

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

CITY/STATE/ZIP: _____

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
5394 HWY 43
JOPLIN, MO 64804**