



ORDER #

CUSTOMER INFORMATION FORM

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: (_____) _____

EMAIL ADDRESS: _____

OVERNIGHT SHIPPING: YES NO

PART INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ PART _____

UPGRADES REQUESTED (For instrument clusters only)

LED LIGHTS

NEW LENS

FACEPLATE STYLE

GAUGE POINTERS

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

SHIP TO:

**AUTO TECH RESCUE
5394 HWY 43
JOPLIN, MO 64804**