



# Engine Repair Form

Customer Name:

**Mailing Address**

Street Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>
Country:	<input type="text"/>	State:	<input type="text"/>
Daytime Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>
Fax Number:	<input type="text"/>	Email Address:	<input type="text"/>

**Shipping Address**

Same as Mailing Address

Street Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>
Country:	<input type="text"/>	State:	<input type="text"/>
EIN / SSN Number:	<input type="text"/>	Shipped Via:	<input type="text"/>
Tracking Number:	<input type="text"/>	Courier Acct #:	<input type="text"/>

**Engine Information**

Engine Make:	<input type="text"/>	Model/Year:	<input type="text"/>
Engine is run in the following series   STARS <input type="checkbox"/> IKF <input type="checkbox"/> SKUSA <input type="checkbox"/> WKA <input type="checkbox"/> ASN <input type="checkbox"/>			
Date Required:	<input type="text" value="DD/MM/YYYY"/>	Engine Serial Number:	<input type="text"/>

**Special Instructions:**

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List any additional required parts below

Description	Qty

**This form can be completed on your computer and printed or emailed to Italian Motors .**  
 Once submitted, ship engine to the address listed below.