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WARRANTY FORM

*PLEASE INCLUDE THIS FORM IN THE BOX WITH YOUR INJECTOR(S). CLEAN OFF INJECTOR(S) AND PACKAGE WELL (BUBBLE WRAP AND ZIPLOCK BAGS RECOMMENDED). **HDP ASSUMES NO RESPONSIBILITY FOR ANY DAMAGE TO INJECTOR(S) BEING SHIPPED TO US***

CUSTOMER INFO:

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SHIPPING ADDRESS: _____

INJECTOR / VEHICLE INFO:

DEALER PURCHASED FROM IF APPLICABLE: _____

ORIGINAL ORDER #: _____

SIZE OF INJECTOR(S): _____

CIRCLE ONE: PREMIUMS / REMANS

PURCHASE DATE: _____

INSTALL DATE: _____

MILEAGE ON INJECTORS: _____

OIL USED AND WHAT INTERVALS: _____

YEAR / MAKE / MODEL OF VEHICLE: _____

CODES THROWN IF APPLICABLE: _____

PROBLEMS

EXPERIENCED: _____

HAVE YOU PURCHASED A POSSIBLE WARRANTY REPLACEMENT? (CIRCLE ONE)

YES / NO

