



**Ship to**  
300 West State Road 84  
Fort Lauderdale, FL 33315

**Instrument Cluster Repair**

**Customer Information**

Name:	
Company:	
Address:	Apartment/Suite#:
Zip:	
City:	
State:	
Country:	
Home Phone:	
Cell Phone:	
Fax:	
Email:	

Please note that we need to have accurate address information to ship the item(s) back.

**Items to be repaired**

Specify Item(s):
VIN:
Year:
Make:
Model:
Odometer reading:
Hour reading:
Part / Serial #:
Description of Repair needed:
[ <a href="#">Water Damage</a> ] [ <a href="#">Pulled Cluster</a> ] [ <a href="#">Insurance Claim</a> ] [ <a href="#">Mileage Correction</a> ] Circle All That Apply!

When specifying an item(s) please explain the specific symptoms and which part needs to be repaired (odometer, speedometer, tachometer, etc).

**Repair Work**

Work Completed by:
Date:
Date Shipped:
Work Accomplished:

Customer Signature:	Date:
---------------------	-------