

NJSPEEDO.COM

INSTRUMENT CLUSTER REPAIR FORM

Complete this form, print it out and enclose with your repair

Full Name: _____

Vehicle Information: Make and Year: _____ Model: _____

VIN: (if known) _____ Engine Size (if known): _____

Mileage: _____ Daytime Phone: _____

EMAIL Address: _____

Problems or Symptoms: (PLEASE SPECIFY AS CLEARLY AS POSSIBLE)

Shipping Address: _____

PAYMENT: once your cluster is ready, we will process payment for the total amount of the repair, taxes and shipping charges, if credit card info is not readable or incorrect we will send the invoice to your email.

Circle One: American Express, Discover, MasterCard, Visa, send the invoice to my email,

Other _____

Card Number: _____ -- _____ -- _____ -- _____ Expiry: Month _____

Year _____ CVV (3 or 4 digits on back): _____ Full Name on card: _____

Signature: _____ Your credit card

billing address (if different from shipping address above): Suite or Apartment _____

Street Address _____

City _____ State _____ Zip Code _____

(If mileage needs to be reset then a notarized odometer statement will be required as proof of mileage)

Please Ship your cluster with the work order form to:

NJSPEEDO,
4291 SW 106th PL
OCALA, FL
34476

Email: info@njspeedo.com Web: www.njspeedo.com Phone: 201-598-2142