

BrucatoFIS

FUEL INJECTOR SERVICE REQUEST FORM

(*) DATE:

(*) NAME:

(*) RETURN SHIPPING ADDRESS:

Name: _____
Street: _____
City: _____ State: _____
Zip code: _____
Is this a residential address? YES _____ NO _____
Is an expedited return required? YES _____ NO _____

(*) PHONE NUMBER:

(*) EMAIL ADDRESS:

(*) INJECTOR INFORMATION:

TYPE: (please circle)
Bosch / Keihin / OPTIMax / Siemens / Other: _____

Number of injectors sent: _____
I have specified numbering: YES _____ NO _____
Type of motor: _____ Year _____ Model _____

Preapproval for calibration / mechanical adjustment of flooding injectors at additional cost (\$30 each) YES _____ NO _____

(optional) PAYMENT:

Credit card number: _____
Expiration date: _____
Security code: _____
Name on card: _____
Billing address if different from shipping address: _____

Card holder signature: _____

Send this completed form with your injectors to:
BrucatoFIS 7836 Littleman Lane, Apex N.C. 27539