



1322 Carolina Ave, Saint Cloud FL 34769  
407-498-5142

### Injector Service Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ No PO Boxes

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ # of Injectors \_\_\_\_\_

Insurance desired for return freight (\$1.50 per \$100.00) \_\_\_\_\_

#### Additional Information

---

---

---

---

---

---

(leave filters, o-rings and grommets on injectors)

#### Payment Method

Visa/Mastercard/Discover \_\_\_\_\_ Exp \_\_\_\_\_ CCV \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize use of above credit card

Signature \_\_\_\_\_