

## SERVICE REQUEST FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Vehicle Make/Model/Year/Engine \_\_\_\_\_

Service Requested:    Injector Cleaning    Flow Check Only    Number of Injectors sent: \_\_\_\_\_

Additional Information:

Would you like an email from us when we receive your injectors?    Yes    Not necessary

How would you like your results sent?    Printed    eMailed

Shipping Options:    USPS Priority (\$12)    Express Shipping (\$42)    Other (*Please indicate above*)

Would you like to insure your shipment? *Insurance is \$1.25 per \$100 insured.*    Yes    No

If Yes, desired amount of coverage: \$ \_\_\_\_\_

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## INJECTOR PULSE

ATTN: Service

4240 Portsmouth Blvd. Suite 200

Chesapeake, VA 23321