



## 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 (history, engine troubleshooting, etc.)

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

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

How did you hear about us? \_\_\_\_\_

Preferred email address to send invoice (if different from above): \_\_\_\_\_

---

**INJECTOR PULSE**  
ATTN: Service  
4240 Portsmouth Blvd. Suite 200  
Chesapeake, VA 23321