

# 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, 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, 11 DAWSON AVE, PASSAIC, NJ, 07055

Email: [info@njspeedo.com](mailto:info@njspeedo.com) Web: [www.njspeedo.com](http://www.njspeedo.com) Phone: 201-598-2142