



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

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(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 \_\_\_\_\_