

Injector Service Form

Customer Name _____ Date ___/___/_____

Address _____

Zip Code and City _____

Phone _____ Email _____

Make _____ Model and Year _____

VIN _____ Engine _____

Fuel Used _____

Is there anything specific you want to us to check. Describe problems you are having.

Injector Service

Only Test

You want us to only test your injectors.

Test and Service if needed

You want us to test your injectors and service, but you are unsure if there are issues.

Test and Service

You want us to test your injectors and service regardless of their state.