

-MDX-

Automotive Electronics Repair & Rebuild

ORDER / REPAIR FORM

*Name: _____ *Date: ____/____/____ (DD/MM/YYYY)

*Address: _____ *City: _____ * State: _____

*Zip: _____

Daytime Phone #Cell: ____ - ____ - ____ *Email: _____ @ _____

*Auto Year: _____ *Make: _____ *Model: _____

*Did you go to the any mechanic for that issue? Yes () , No ()

*Please Describe the Fault: _____

*Fault Codes Read? _____

*Does Fault Happen Under Special Conditions _____

*Effectuated by Heat? _____ Cold? _____ Rain? _____ Intermittent _____

VIN Number: _____ (if you remember)

Km/Mileage: _____ (if you remember)

*Part Number: _____ (Very Important)

*Serial Number: _____ (Very Important)

*Signature _____

Phone. +1(888)405 7730

Address : 9131 Keele Street, Unit A4, Vaughan, ON, L4K 0G7