

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)

Signature _____

Please package your module carefully.

Ship defective Unit with this form to:

UNITECH AUTOMOBILE ELECTRONIC REMANUFACTURING

#28 Greylawn Cres, M1R 2V6

Scarborough, ON,Canada

Phone. +1(888)405 7730

Address : #28 Greylawn Cres, Scarborough, ON, M1R 2V6