

# FUEL INJECTOR SERVICE FORM

CUSTOMER // SHOP NAME: \_\_\_\_\_

SHOP CONTACT// ATTENTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (        ) \_\_\_\_\_

FAX: (        ) \_\_\_\_\_

**VEHICLE IDENTIFICATION:**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

ENGINE SIZE: \_\_\_\_\_ 8<sup>th</sup> DIGIT OF VIN: \_\_\_\_\_

**SYMPTOMS VEHICLE WAS EXPERIENCING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ONCE THE INJECTORS HAVE BEEN ANALYZED AND SERVICED LTS  
WILL CALL WITH RESULTS AND TO GET PAYMENT INFORMATION.**

**THANK YOU FOR CHOOSING:  
LINDER TECHNICAL SERVICE  
4 -D Gasoline Alley  
Indianapolis, IN. 46222  
888-809-FUEL (3835)**

**DOUG GARRIOTT  
THE INJECTOR WIZARD**