

# INTELLITRONIX REPAIR FORM

**\*Please include this form in the box and WRITE RO# ON THE OUTSIDE OF THE BOX\***

**Repair will not be processed without form or until form is received**

Intellitronix  
34099 Melinz Parkway, Unit E  
Eastlake OH 44095  
440-359-7200 ext 109

## Product Information

Purchased through: \_\_\_\_\_ Proof of Purchase: Yes / No  
Purchase Date: \_\_\_\_\_ Part Number: \_\_\_\_\_

Customer Name:

RO#:

Phone Number:

Email Address:

Street Address:

City:

State:

Zip Code:

**Note: If you do not have proof of purchase, there will be a charge of \$50 +shipping before repairs can be performed. Our technician will contact you when the dash arrives, and our orders department will email an invoice for the repair.**

I acknowledge that my product will not be repaired until payment is received  \_\_\_\_\_

## REPAIRS NEEDED

**DO NOT DISASSEMBLE ANALOG (AP) UNITS (disassembling may void warranty) For DP/BG clusters send ONLY the printed circuit board DO NOT send hardware, acrylic or your vehicles bezel/housing**

Fuel Sender Ohms Range:

Temperature Sender: **1 wire** or **2wire**

LS Swap: **Yes / No**

**----DO NOT FILL OUT BELOW THIS LINE FOR SHOP USE ONLY----DO NOT FILL OUT BELOW THIS LINE FOR SHOP USE ONLY----**

## REPAIR ORDER INFORMATION

Model Number:

Receipt: Yes / No

Charge for repair: Yes / No

Payment Received: Yes / No

Check in Date:

Date received for repair:

Date done with repair:

Repairs Performed:

## SHIPPING INFORMATION

Shipped by:

Weight:

Dimensions:

Date packaged:

Date Shipped:

Tracking Number:

Cost: