



## AUTO CLUSTER REPAIR FORM

Full Name: \_\_\_\_\_

Company (If any): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Vin: \_\_\_\_\_

Problems or Symptoms: (PLEASE SPECIFY AS CLEARLY AS POSSIBLE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Ship your cluster with the work order form to:  
Sayo Speedometers  
231 26<sup>th</sup> Ave North Minneapolis MN 55411  
Phone: 1-888-729-6007 Fax: 612-529-9779  
Email: sales@sayospeedometers.com Web: www.sayospeedometers.com