



## **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**  
**3246 N 2<sup>ND</sup> ST Minneapolis MN 5541**  
**Phone: 1-888-729-6007 Fax: 612-529-9779**  
**Email: sales@sayospeedometers.com Web: www.sayospeedometers.com**