

JAVOOSI, Inc

Automotive Electronic Controller Modules
 P.O. Box 6089 Katy TX 77491
 PHONE 713-893-1170

CUSTOMER NUM _____

REPAIR/REMANUFACTURE SERVICE FORM

CUSTOMER DATA

BUSINESS NAME _____ NAME _____
 ADDRESS _____ FAX _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ E-MAIL _____

VEHICLE INFORMATION

TYPE OF FAILURE		YES	NO	YES	NO
INTERMITTENT <input type="checkbox"/>	ALL TIME PRESENT <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FREQUENCY _____ per day		ABS	<input type="checkbox"/>	<input type="checkbox"/>	FWD
SERVICE REQUEST		AIR BAG	<input type="checkbox"/>	<input type="checkbox"/>	RWD
REPAIR <input type="checkbox"/>	REMANUFACTURE <input type="checkbox"/>	A/C SYS	<input type="checkbox"/>	<input type="checkbox"/>	AWD
CONVERT <input type="checkbox"/>	<input type="checkbox"/>				

ODOMETER/VIN DISCLAIM

YEAR/MANUF _____	TCS	<input type="checkbox"/>	<input type="checkbox"/>	FLEX FUEL	<input type="checkbox"/>	<input type="checkbox"/>
MODEL/ENGINE _____		<input type="checkbox"/>	<input type="checkbox"/>	GASOLINE	<input type="checkbox"/>	<input type="checkbox"/>
TRANS TYPE _____	ANTI-THEFT	<input type="checkbox"/>	<input type="checkbox"/>	DIESEL	<input type="checkbox"/>	<input type="checkbox"/>
VIN _____	KEYLESS-E	<input type="checkbox"/>	<input type="checkbox"/>	HYBRID	<input type="checkbox"/>	<input type="checkbox"/>
ODOMETER _____		<input type="checkbox"/>	<input type="checkbox"/>	ELECTRIC	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF FAILURE _____

RETURN SHIPPING CHOICE (UPS):

GROUND NEXT DAY AIR 2ND DAY AIR 3 DAY SELECT

DATE _____

NAME _____

SIGNATURE _____