



CUSTOMER INFORMATION

Your Name *:

Business Name:

Phone *:

EMAIL *:

RETURN ADDRESS *:

VEHICLE INFORMATION

VIN *:

Make *:

Model *:

Year *:

Engine Size (Liters) *:

Transmission *:

A/T

M/T

Vehicle has Security *:

YES

NO

Note (*) - REQUIRED FIELD!

MODULE INFORMATION

Type of Module *:

Part Number *:

Trouble Codes or Symptoms *:

What have you done to determine the module fault?

*** BY SIGNING THIS FORM CONSUMER AGREES TO ALL THE TERMS AND CONDITIONS OF ECU Team Corp! (MUST BE SIGNED)**

CUSTOMER SIGNATURE *: _____ **DATE *:** _____

Link to the Terms:

<https://modulegods.com/global-terms-conditions-of-sale/>

SEND TO:

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