Distributor Request for Overhaul

(Please fill out and include with distributor shipment)

Name: _____

Address: _____

City, State: _____ , _____

Zip Code: _____

Email:_____@_____

Phone Number: (_____) _____ - _____

Year of vehicle: _____

Model: _____

Was this engine in running condition when disassembled? ❑ **YES** ❑ **NO**

CLAIM YOUR FREE GTS1 THANK YOU PACK: ❑YES PLEASE

Additional Notes:-

_____

_____

_____

✂CUT HERE FOR SHIPPING LABEL✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂

GT Series 1
ATTN: *Distributor Dept*.
135 S Eucla Ave.
San Dimas, CA 91773