***Oil Pump* Request for Overhaul**

(Please fill out and include with pump shipment)

Business Name/Contact: ____

Address: ____

City, State: ___________________________ , _________________________

Zip Code: ____________________________

Email:________________________________@______________________________

Phone Number: (_________) ___________ - ____________

Year of vehicle: _______________

Model: _____________

Was this engine in running condition when disassembled? ❑ **YES** ❑ **NO**
Need to order oil bypass kit? ❑ **YES** ❑ **NO**

CLAIM YOUR FREE GTS1 T-SHIRT: ❑ LARGE ❑ X-LARGE ❑ XX-LARGE

Additional Notes:-

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

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