Chain Tensioner Request for Overhaul

(Please fill out and include with chain tensioner 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: *Chain Tensioner Dept*.

135 S Eucla Ave.

San Dimas, CA 91773