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 GIFT: ❑ YES PLEASE

Additional Notes:-

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

GT Series 1
ATTN: *Distributor Dept*.
4270 N Majestic View
Pahrump, NV 89060