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 GIFT: ❑ YES PLEASE

Additional Notes:-

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

GT Series 1

ATTN: *Chain Tensioner Dept*.

4270 N Majestic View

Pahrump, NV 89060