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: ______________

REFERRED BY: ____

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

CLAIM YOUR FREE GTS1 GIFT: ❑ **YES** **OR** MECHANICS APRON ❑ **YES**

Additional Notes:-

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

GT Series 1

ATTN: *Distributor Dept*.

4270 N Majestic View

Pahrump, NV 89060