***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: _____________

REFERRED BY: ____

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
OR MECHANICS APRON ❑ **YES**

Additional Notes:-

____

____

____

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

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