



# WARRANTY REQUEST FORM

SERVICE REQUESTED :

**WARRANTY**  
ORIGINAL OWNER ONLY

**Sender's Information:**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

**INVOICE # :**

V.I.N. #

A copy of this form **MUST** accompany your shipment. Please use one **Warranty** form per unit

Year:

Make/Model:

Unit part #:

Describe Symptoms/Failure :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use reverse page if needed...

ALL UNITS ARE RETURNED UPS GROUND AT NO CHARGE TO THE CUSTOMER. SHIPPING UPGRADE IS AN ADDED COST.

**COD (\$10.00 surcharge)** \_\_\_\_\_  
(Cashier's Check and Money Orders ONLY)

**Shipping Cost :**

UPS Ground (Free) \_\_\_\_\_ 3-Day (\$25) \_\_\_\_\_ 2-Day (\$35) \_\_\_\_\_ Overnight (\$50) \_\_\_\_\_

Saturday delivery add \$ 20.00 to above prices.

Shipping charges listed above are for continental U.S. only.

**Ship Your Unit to :**

**Specialized ECU Repair**  
**1160 N Federal Highway**  
**Suite 1016**  
**Fort Lauderdale, FL 33304**

WARRANTIES ARE FOR ORIGINAL  
PURCHASER ONLY ( NON TRANSFERABLE)  
A COPY OF THIS FORM AND A COPY OF ORIGINAL  
INVOICE MUST ACCOMPANY RETURN UNITS.

**www.ecudoctors.com**  
**ecudoctors@yahoo.com**  
**1-800-328-1425**

**Open Monday Thru Friday**  
**9:00AM - 5:00PM EST**  
**1-800-328-1425**  
**Fax : (954)713-1449**