



Pre-Service Check-In Form

Job No.

Client's Information :

Name: _____ Telephone Number: _____

Company Name: _____ Tel. No: _____

Return Shipping Address: _____

City: _____ State: _____ Postal Code: _____

Email: _____

How did you hear from us: __Website __Google __eBay __Amazon __Referred By
Instrument Cluster Information

Year _____ Make _____ Model _____

VIN No./ Serial No. _____

Briefly explain the problems presented with the instrument cluster:

Other Service Requests. (Ex. Different LED lights, Gauge overlay/Faceplate etc.)

Dashboard Instrument Cluster is NOT responsible whatsoever for any damages done to the instrument cluster during the shipping process. Please be advised that every product is photographed/recorded upon arrival and before shipping out.

Kindly note that there is up to \$150 check and diagnose fee which would be waived if the customer proceeds with the repair(s). The customer agrees to pay \$150 should he/she decide to discontinue with the repair(s) for any reason whatsoever after we check and diagnose the cluster. Please contact us on (416) 749-1212 for any questions.

Please be aware that Dashboard Instrument cluster will go ahead and do the repair if the price is below \$1500 without asking approval of the customer.

Please be advised that after 30 days UNPAID invoices, ownership of your part will transfer to Dashboard Instrument Cluster and part will be SOLD to recover repair costs.

I authorize Dashboard Instrument Cluster to repair my Instrument Cluster for the above-mentioned problems.

DATE: _____ SIGN: _____

SPECIAL REQUEST OPTION:

Expedited Service 24hr turnaround time (\$200) some restrictions may apply. YES NO

DATE: _____ SIGN: _____