



SERVICE INFORMATION

Date: _____

Estimate# _____

SHIP TO ADDRESS: 12476 JULIAN AVE
LAKESIDE, CA 92040

PHONE NUMBER: 619-561-7764
EMAIL: howepformance@yahoo.com

*WE RECOMMEND INSURING YOUR PACKAGES AND ADD SIGNATURE REQUIRED
*WE CHARGE A INSPECTION FEE FOR EACH PART THAT IS REFUSED FOR FULL SERVICE
*PLEASE USE METAL CAPS ON YOUR FITTINGS (You will be charged for metal caps if not provided)
*PARTS NOT CLAIMED WITHIN 90 DAYS WILL BE SURRENDERED TO US

Company name: _____

Address: _____

Contact name: _____

Phone number: _____

Alternate Contact: _____

Email: _____

Date needed back by: _____

Next race: _____

"ASAP" is NOT a valid answer - Written date is not promised - Call for current turnaround time.

Select one: Call with quote BEFORE service

Service as needed

Do you have a quote? Estimate # _____ (example 34700)

List of your items: (Please use metal caps on fittings. You will be charged if not provided.)

QTY:	Description:	Instructions and comments:

Type of vehicle: TROPHY TRUCK
 CLASS 1
 CLASS 10

ULTRA 4 RACING
 ROCK CRAWLER
 SHORT COURSE

VW TYPE
 PRE RUNNER
 OTHER _____

Additional Notes:

