Fuel Injector Repair/Warranty Request Form

Name/Company_____
Name On Original Order _____
Return Shipping Address _____
City_____ State_____ Zip Code_____
Email_____ Daytime Phone _____
May we text you with our diagnosis/pictures YES / NO Cell Phone _____
Truck Year_____ VIN __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Miles_____

Injector Size _____ **Quantity of Injectors being returned** _____

Is the item to be tested an Unlimited Diesel Performance Product? YES / NO
If no, please provide the original manufacturers name if available. _____

Were the injectors purchased directly from Unlimited Diesel Performance? YES / NO
If no, please specify which dealer you purchased them from _____

Were you provided an Early Replacement? YES / NO

Complaint/Symptoms _____
_____
_____

_____

_____

Miles Driven Since Injector Install _____

Check Engine Light Illuminated? YES / NO

If Yes, Please provide DTC's retrieved_____
_____

Injector Buzz Test Performed? YES / NO Results_____
_____

Cylinder Contribution Test Performed? YES / NO Results_____
_____

What other diagnostic procedures have been performed? _____
_____

Vehicle Modifications _____
_____