ABSFIXER.COM

MODULE Return Form

For our convenience, please fill out this return for	orm with	your retu	rn address	and incl	udewith y	our EBCM	package
☐ Please Check if your module is experience	ing the	"Pump Oi	n" problem	n (GI	M/TRUCKS	S & SUVs	Only)
Your Return Shipping Info:							
Name:					-		
Company					_		
Address:					_		
City:	_ State:_			ZI	P:		_
Phone Number		EMAIL _					
Vehicle Information Year Make		N	Nodel				
Additional Information							
Trouble Codes				_			
Comments							

Please send your module to:

ABSFixer 2131 West Republic Rd. #424 Springfield, MO 65807

Dont forget to send payment for your repair to avoid delays in service!