



AUTO CLUSTER REPAIR FORM

Full Name: _____

Company (If any): _____

Daytime Phone: _____

EMAIL Address: _____

Shipping Address: _____

Vehicle Make: _____ **Year:** _____

Vehicle Model: _____ **Vin:** _____

Problems or Symptoms: (PLEASE SPECIFY AS CLEARLY AS POSSIBLE)

Please Ship your cluster with the work order form to:
Sayo Speedometers
3246 N 2ND ST Minneapolis MN 55412
Phone: 1-888-729-6007 Fax: 612-529-9779
Email: sales@sayospeedometers.com Web: www.sayospeedometers.com