***Customer information sheet***

 \*Please print out and provide this sheet with your set of injectors\*

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | Date: |
| Address: | City: | State: | Zip: |
| Email: | Inj Size: | Inj Brand: |

 Authorization Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

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