***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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