



Customer Job Form

Customer Information

Company Name: _____ Date: _____

Contact Person: _____ Contact Email: _____

Contact Phone: _____ Contact Fax: _____

Customer Information

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Part Number: _____

Engine Make: _____ Engine Model: _____ Engine HP: _____

Engine Serial Number: _____

Please Explain the Reason for Remanufacturing:

Please return form to: jfrymoyer@tsreman.com or fax to 484-930-0575.