



EXHAUST REFURBISH FORM

Customer Information

Name: _____

Vehicle Year: _____ Make: _____ Model: _____

Exhaust Details

Approximate # of hours on the exhaust: _____

Description of damage /wear: _____

Description of desired refurbish work: _____

Billing Information:

Name on Credit Card: _____

Phone #: _____ Alt Phn #: _____

Payment Type: ☐ VISA ☐ Mastercard ☐ Discover

Credit Card # _____ Exp: _____ V: _____

Shipping Information:

Ship To Name: _____

Address: _____

City: _____ State: _____ Zip/Postal: _____

Phone: _____ Email: _____

Return Shipping Method: ☐ Ground ☐ 3-Day ☐ 2-Day ☐ Next Day

**** Not all exhausts are able to be refurbished depending on the condition. Please contact a sales associate for questions and quotes prior to sending in your exhaust. For the most accurate quote, photos of your exhaust may be requested. Prices may vary depending on the condition of the exhaust. ****