



# Work Order

## Work Order

Please Include this Work Order with the part you are sending for repair

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Return Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell-phone: \_\_\_\_\_

### Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Part type: \_\_\_\_\_

Failure or Symptoms:

Type of Payment: ( ) Paypal. ( ) Credit card via phone

Send United States Postal Service insured (if you can not send USPS please contact us)

Ship to: Premier Multi-Mkt. Inc.  
P.O. Box 266618  
Ft. Lauderdale, Fl 33326

Phone: 800-385-1984  
sales@nftpr.com

