

**Tanin Auto Electronix - Repair Work Order**

**Mailing Address: 7012 State Hwy. 31, Ste. 100, Racine WI 53402**

**Phone: 262-456-4147 / Fax: 262-293-5448**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Apt/Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Night \_\_\_\_\_

**Vehicle Year**

**Make**

**Model**

**Mileage**

**VIN (Required)**

Describe the issues you are having:

**Payment – We will contact you for payment**

\_\_\_ Check, Money Order, Cashier’s Check

\_\_\_ Paypal Invoice    Paypal Email Address: \_\_\_\_\_

\_\_\_ Credit Card

**CREDIT CARD Billing Address** (Where you receive your bill if you are paying with credit card)

Billing Address: \_\_\_\_\_

Apt/Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on Card (Print AND sign) \_\_\_\_\_

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