



MOTRONIC DME/ECU REPAIR FORM

A copy of this form must accompany each unit sent in for service.

911CHIPS • 3417 Andrita Street • Los Angeles, CA 90065 • tel: (323) 819-0722 • fax: (424) 262-2212 • info@911chips.com

Customer Information:

Name: _____ Date: _____

Contact Person: _____ Email: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Ph. Number: _____ Fax: _____

Service Requested (Please Initial Line)

____ Repair ____ Bench Test (\$150 fee)

____ Install performance chip (list engine mods if any in description below)

Bench test fee waived if unit is approved for repair.

5-YEAR WARRANTY on PARTS & LABOR

Unit Part Number:

Vehicle Year & Model:

Check all that apply or you are aware of:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> intermittent operation/cut outs | <input type="checkbox"/> replaced/tested TDC sensor | <input type="checkbox"/> new O2 sensor | <input type="checkbox"/> engine is a transplant |
| <input type="checkbox"/> does not start or run at all | <input type="checkbox"/> replaced/tested RPM sensor | <input type="checkbox"/> no spark | <input type="checkbox"/> has a rebuilt air flow meter |
| <input type="checkbox"/> no start, but can smell gas | <input type="checkbox"/> replaced/tested head temp sensor | <input type="checkbox"/> no fuel | <input type="checkbox"/> replaced coil(s) |
| <input type="checkbox"/> new DME relay | <input type="checkbox"/> faulty/overcharging alternator | <input type="checkbox"/> runs rich | <input type="checkbox"/> new ignition wires/cap/rotor |
| <input type="checkbox"/> aftermarket ign. system installed | <input type="checkbox"/> new idle control valve | <input type="checkbox"/> unit runs hot | <input type="checkbox"/> lightweight flywheel |

Describe Failure/Symptoms:

>> use back if needed.

Select Payment Method (Default payment method, if no selection is made will be credit card:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Check/Money Order enclosed | <input type="checkbox"/> Credit Card
(Visa, Mastercard, Discover) | <input type="checkbox"/> Credit Card
(Contact me for acct #s) | <input type="checkbox"/> Zelle or Venmo
(Contact us for acct #) |
|---|--|--|--|

Credit Card Billing Information - Please enter the following information exactly as it appears on your credit card statement:

Name: _____

Credit Card Type: _____ Credit Card #: _____ Expiration: _____

Card Security Code: _____ (final 3 digits on back of Visa, MC, or Discover)

Billing Address of Credit Card: _____

Authorized Signature _____ Date _____

Repairable units will be repaired as requested and return shipped by USPS Priority or FedEx within the continental U.S. unless otherwise specified. A \$18 shipping charge is added to each unit shipped in the USA. FedEx Overnight or 2-Day shipping by request at the additional cost. International packages shipped by US Postal or optionally FedEx at the additional cost.

Ship Unit to:

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Los Angeles, CA 90065
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