

Welcome to

OUTBOARD FUEL INJECTION.COM



1322 Carolina Ave, Saint Cloud FL 34769
407-498-5142

Injector Service Form

Name _____ Date _____
Address _____ No PO Boxes
City _____ State _____ Zip _____
Phone _____ Email _____

Vehicle Make _____ Year _____ Model _____ # of Injectors _____
Insurance desired for return freight (\$1.50 per \$100.00) _____

Additional Information

(leave filters, o-rings and grommets on injectors)

Payment Method

Visa/Mastercard/Discover _____ Exp _____ CCV _____
Name on Card _____
Billing Address _____
City _____ State _____ Zip _____
Coupon code _____

I authorize use of above credit card

Signature _____