

Mail-In ECU Order Form

Date _____
Name _____
Address _____
Phone number _____
Email address _____

Please mail your ECU to: ECUWEST, 6/18 Jacquard Way, Port Kennedy, WA 6176

Include with ECU when mailing in.

Type of vehicle _____
Year/Make/Model _____
Engine size (cc) _____
Fuel type/octane rating _____
VIN _____
ECU serial number _____
ECU location _____
ECU manufacturer brand _____
Want to raise the rev limit? _____

Modifications from standard _____

Other comments _____

