

TR_S Truck Shop Inc.

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TR_S
trstruckshop.com

**ECM
ORDER
FORM**

For best functionality please use Adobe Acrobat Reader

Vehicle / ECM Information

VIN #:	
Part #:	
ESN:	
Rear Axle Ratio:	
Tire Size:	
Maximum Speed:	
Cruise Speed:	
Horsepower:	
On-Highway Application:	☐ YES ☐ NO
AC Pressure Switch:	☐ YES ☐ NO
Jake Brake:	☐ YES ☐ NO
Trans. Type:	☐ AUTOMATIC ☐ MANUAL

Fault / Symptom Information

Description of Fault and Symptoms:

(Please include the DTC code, if available)

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Billing Address

Name / Company:	
Street Address & Box #:	
City/Town & Province:	
Postal Code:	
Phone Number:	
Email Address:	

Shipping Information (if different)

Name / Company:	
Street Address:	
City/Town & Province:	
Postal Code:	

Preferred Shipping Option:	☐ UPS	☐ Purolator
Preferred Shipping Speed:	☐ Standard	☐ Express