

HER ENTERPRISES, LLC
NAT. (V/F): 866-513-6866 X.2
EVANS HEAVY DUTY FLUID
INTAKE FORM

Date: _____ Referral/PH: _____

Name: _____ Company: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ - _____ - _____ Ext: _____ Phone #2: _____ - _____ - _____

Email: _____

Conversion Date & Time: _____

1. Year: _____ Make: _____ Model: _____

2. Engine Make/Series: _____

*Thermostat(s)/Quantity: _____ / _____ ResistorPac/Sensors: _____

3. Engine Number: _____

4. VIH # Optional: _____

5. Engine Mileage: _____

6. Re-Build History: _____

7. Current Coolant (Green/Orange/Red/Yellow): _____

8. Hoses: Condition and/or Age: _____

9. APU: Year _____ Make _____ Model _____

10. Stand Alone/ Tied In - Coolant Capacity: _____

11. Transmission Type/Radiator Link: _____

Notes: _____

*EVANS Tech/Pete: Bus: 888-990-2665