



ECM Programming Service Form

Order Information:

Name: _____

Order Number: _____

Phone: _____

E-Mail: _____

Model and Model Year Information

Year: _____

Make: _____

Model: _____

Type of Programming Requested (Select One)

☐ Motocross

☐ Woods

☐ Supermoto

☐ Ice Racing

☐ Supercross

☐ Desert

☐ Dirt Track

Type of Fuel Used (Select One)

☐ Pump Gas 91

☐ Pump Gas 91

☐ VPR

☐ VP MRPro6

☐ VP T4

☐ VP MS109

☐ VP MR1

☐ VP U4.4

Type of Engine Modifications (Select All Applicable/Provide Details)

☐ High Comp Piston:

☐ Header:

☐ Air Filter System:

☐ Throttle Body:

☐ Cam:

☐ Muffler:

☐ Head/Cylinder Modifications:

☐ Front Sprocket Size

☐ Rear Sprocket Size

Shipping & Billing Information:

Credit Card: _____

Expires _____

CSC Code: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Shipping Method (Select One):

☐ Ground

☐ 2nd Day Air

☐ 3 Day

☐ USPS Priority

☐ USPS Express

Additional Information:
