

## ECM REFLASH PROGRAM INFORMATION SHEET

PLEASE USE OUR ONLINE VERSION OF  
THIS FORM IF YOU HAVE ACCESS TO THE  
INTERNET.

FORM CAN BE FOUND AT

[WWW.PAINLESSPERFORMANCE.COM/ECMProgram.php](http://WWW.PAINLESSPERFORMANCE.COM/ECMProgram.php)

# ECM REFLASH PROGRAM INFORMATION SHEET

This free program is only applicable for those Painless Performance customers who have purchased a qualifying Painless Performance Product.	
First Name	Last Name
E-Mail Address	
<b>Billing Address</b>	
Street Address	
City	
State	
Zip Code	
Country	
Best Phone Number to Contact You	
Alternate Phone Number	
<b>Shipping Address</b>	
Street Address	
City	
State	
Zip Code	
Country	
<b>Tell us About Your Project Vehicle</b>	
Year	
Make	
Model	
Engine	
Transmission	
<b>Tell us About the Painless Fuel Injection Harness you Purchased</b>	
Part Number	
Place of Purchase	
Date of Purchase	
<b>Select Your Programming Specifications</b>	
PCM Service Number (This number is located on the PCM) _____	
Delete VATS/PASS-KEY Security	YES                      NO
Cooling Fan #1	ON _____ °F    OFF _____ °F
Cooling Fan #2	ON _____ °F    OFF _____ °F
Rear End Gear Ratio	____._____:1
Rear Tire Diameter	_____ INCHES
Speed Limiter	_____ MPH
RPM Limiter	_____ RPM
Idle RPM	_____ RPM
Diagnostic Code Reprogramming. List the codes or the descriptions of the codes you would like turned off. _____	

# ECM REFLASH PROGRAM INFORMATION SHEET

Please send a check or money order in the amount shown below or if you prefer to pay by credit card fill out the form below and send it along with your ECM.



\$15.00 charge for return shipping & handling

\$35.00 if shipped to Hawaii or Alaska.

Add \$5.00 if you would like for the return shipment to be insured.

If applicable; International shipping charges will be calculated and you will be notified of required payment prior to return shipment of PCM.

**Please let this serve as an authorization for Painless Performance Products, LLC to charge my credit card.**

Your Name: \_\_\_\_\_ Type of Credit Card:

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

(Your name as it appears on your credit card)

Credit Card: # \_\_\_\_\_ Expiration Date:

Code # \_\_\_\_\_ (this is a 3 or 4 digit number on the back of your card after the last digits of your account)

## Signature

(I agree to this charge and understand that the charge on my credit card is in the total amount shown below.)

Credit Cards will be charged upon reception.

**TOTAL CHARGE \$ \_\_\_\_\_**

**Painless Performance Products, LLC** shall in no event be liable in contract or tort (including negligence) for special, indirect, incidental, or consequential damages, such as but not limited to loss of property damage, or any other damages, cost or expenses which might be claimed as the result of the use or failure of the goods sold hereby, except only the cost of repair or replacement.

## **INSTRUCTIONS: SEND ECM WITH THIS COMPLETED FORM AND PAYMENT**

Any qualified status is pending verification of the above items.

Send To: **PAINLESS PERFORMANCE PRODUCTS, LLC**

**ATTN: ECM REPROGRAMMING DEPT**

**2501 LUDELLE ST.**

**FORT WORTH, TX 76105**