

FUEL INJECTION

COLLECTION REQUEST FORM

Free collection up to 30kg



Please fax to: 01422 378787

Contact Name:

Position:

Telephone No:

Fax No:

Company Name:

Address:

Postcode

Vehicle Details:

Make/Model:

Date Registered:

Registration/Chassis No:

Mileage:

Reported fault including fault codes

Please note the contact listed will receive a faxed collection note, which must be attached to the consignment.