



# FUEL INJECTION

COLLECTION REQUEST FORM

Free collection up to 30kg

**Please fax to: 01257 474898**

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_

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.