

Customer Returns Form

Date
Customer / Account Number
Address
Contact
Name / Tel:



0578621024
086 8945350

New Road, Portlaoise, Co. Laois R32 K820



Warranty Claim

Original Invoice No.	Vehicle Make and Model
Vehicle Reg No.	Part Number (If Known)
Chassis Number (If Known)	

	Y/N	QTY			
Pump	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>	Date in Service <input style="width: 50px;" type="text"/>
Injector	<input type="checkbox"/>	<input type="checkbox"/>	DPF	<input type="checkbox"/>	Date of Failure <input style="width: 50px;" type="text"/>

<u>Symptoms of vehicle</u>		<u>Condition when Fault occurs</u>	
Non-Start	<input type="checkbox"/>	Over Fuelling	<input type="checkbox"/>
Cutting Out	<input type="checkbox"/>	Burnt Piston	<input type="checkbox"/>
Lack of Power	<input type="checkbox"/>	Under Fuelling	<input type="checkbox"/>
Uneven Idle	<input type="checkbox"/>	Fuel in Oil	<input type="checkbox"/>
Misfire	<input type="checkbox"/>	in Fuel	<input type="checkbox"/>
Will not rev	<input type="checkbox"/>	Contamination	<input type="checkbox"/>
White Smoke	<input type="checkbox"/>	EML On?	<input type="checkbox"/>
Black Smoke	<input type="checkbox"/>		
Blue Smoke	<input type="checkbox"/>		
		Idle speed	<input style="width: 50px;" type="text"/>
		Mid Revs	<input style="width: 50px;" type="text"/>
		High Revs	<input style="width: 50px;" type="text"/>
		Engine Cold	<input style="width: 50px;" type="text"/>
		Engine Warm	<input style="width: 50px;" type="text"/>
		Under load	<input style="width: 50px;" type="text"/>
		Full load	<input style="width: 50px;" type="text"/>
		Part load	<input style="width: 50px;" type="text"/>

Notes

Customer Signature	Date
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For Our Full Terms and Conditions Please See Our Website - www.portlaoisediesel.com