



Vehicle Information Form

This form Must be filled in for EACH part being returned, photocopy as necessary

PART NUMBER: _____

COLLECTIONS WILL NOT BE RAISED unless this form (correctly filled in) is faxed back with a collection request. CREDITS WILL NOT BE PROCESSED unless this form accompanies the goods being returned :-

We need the following information completed regarding the vehicle the part has been taken off/or was intended for :-

VEHICLE DETAILS

INVOICE/PICKING NOTE NUMBER	
MAKE	
MODEL	
YEAR	
VEHICLE REGISTRATION	
CHASSIS NO	
ENG. SIZE/TYPE OF FUEL	
ENGINE CODE	
DATE FITTED	
DATE REMOVED	
MIELAGE SINCE FITTED	

PRECISE DETAILS INCLUDING FAULT CODES (STATEMENT OF FAULTY IS INSUFFICIENT)

What was the ORIGINAL fault with the vehicle?

HOW WAS THE FAULT CURED?

NB If alternative part fitted, please attach a copy of the invoice

*****FAULTY OR NOT WORKING IS NOT ACCEPTABLE*****
ONCE COMPLETED, PLEASE FAX BACK TO 0800 146 868

IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO OURSELVES, YOUR CLAIM FOR A CREDIT WILL NOT BE PROCESSED.