

# CUSTOMER RETURNS FORM



TYNE ELECTRO DIESEL LIMITED

UNIT 1, FISHER STREET

WALKER

NEWCASTLE UPON TYNE

NE6 4LT

TEL: 0191 226 1286

DATE:
CUSTOMER / ACCOUNT NO.:
ADDRESS:
CONTACT:
NAME / TEL:

## TEST & REPORT / REMANUFACTURE / WARRANTY (DELETE AS APPROPRIATE)

ORIGINAL INVOICE NO.:	VEHICLE MAKE & MODEL:
VEHICLE REG NO.:	PART NO. (IF KNOWN):
CHASSIS NO. (IF KNOWN):	

	Y/N	QTY			
PUMP	<input type="checkbox"/>	<input type="checkbox"/>	VEHICLE	<input type="checkbox"/>	DATE IN SERVICE:
INJECTOR	<input type="checkbox"/>	<input type="checkbox"/>	DPF	<input type="checkbox"/>	DATE OF FAILURE:

<b><u>SYMPTOMS OF VEHICLE:</u></b> NON-START <input type="checkbox"/> CUTTING OUT <input type="checkbox"/> LACK OF POWER <input type="checkbox"/> UNEVEN IDLE <input type="checkbox"/> MISFIRE <input type="checkbox"/> WILL NOT REV <input type="checkbox"/> WHITE SMOKE <input type="checkbox"/> BLACK SMOKE <input type="checkbox"/> BLUE SMOKE <input type="checkbox"/>	OVER FUELLING <input type="checkbox"/> BURNT PISTON <input type="checkbox"/> UNDER FUELLING <input type="checkbox"/> FUEL IN OIL <input type="checkbox"/> OIL IN FUEL <input type="checkbox"/> CONTAMINATION <input type="checkbox"/> EML ON? <input type="checkbox"/>	<b><u>CONDITION WHEN FAULT OCCURS:</u></b> IDLE SPEED <input type="checkbox"/> MID REVS <input type="checkbox"/> HIGH REVS <input type="checkbox"/> ENGINE COLD <input type="checkbox"/> ENGINE WARM <input type="checkbox"/> UNDER LOAD <input type="checkbox"/> FULL LOAD <input type="checkbox"/> PART LOAD <input type="checkbox"/>
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**NOTES**

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_