



**Australian Fuel Injection**

*"We Deliver Service - Not Just Parts"*

www.afi-australia.com.au

## Return / Warranty Claim Form

Repairer/Business Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Part Number: \_\_\_\_\_ Part Description: \_\_\_\_\_

Original Invoice: \_\_\_\_\_ Replacement Invoice: \_\_\_\_\_

Date Installed: \_\_\_\_\_ KIm Installed: \_\_\_\_\_

Date Failed: \_\_\_\_\_ KIm Failed: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Reason for claim: (Please be explicit - this will speed up the processing of your claims, e.g. "Not Working" is insufficient information).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Official Use Only**

Dkt No./CR: \_\_\_\_\_ Date:            /        /

Crđ File No: \_\_\_\_\_ Received by: \_\_\_\_\_