



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).

Official Use Only

Dkt No./CR: _____ Date: / /

Crđ File No: _____ Received by: _____