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| <b>E. S. ALTERNATORS</b><br><b>INJECTION ELECTRONICS</b>  |  |
| <b>AUTO ELECTRICAL • FUEL INJECTION • ABS • TURBOCHARGERS • TEL: 0141 776 3689</b>  |  |
| UNIT 7 EASTSIDE INDUSTRIAL ESTATE, KILSYTH ROAD, KIRKINTILLOCH, GLASGOW G66 1QG<br>SCOTLAND, UK<br>VAT REG. NO. 435 1822 64 | FAX: 0141 776 1115<br>INT FAX: +44 141 776 1115<br>INT PHONE: +44 141 776 3689 |

Please print this form giving Full Details and accompany it with the Faulty Part

Name .....

Address .....

.....

Telephone No. .... Mobile ..... Fax .....

Email .....

**Garage Details:**

Contact .....

Telephone Number ..... Fax .....

Vehicle Make ..... Model ..... Year .....

Engine Size ..... Engine Code .....

Petrol/Diesel ..... RHD/LHD .....

Manual/Automatic Gear Box .....

Faulty Component: Part Number ..... Serial number.....

**Tick Appropriate:**

Starts? ..... Starts but doesn't run? .....

Starts and dies? ..... Starts & drives? .....

Cuts out when driving..... if so, how long to restart? .....

**Warning Lamps on dashboard (please tick):**

|                         |                        |                    |
|-------------------------|------------------------|--------------------|
| Engine Management ..... | Temperature .....      | Oil .....          |
| ABS .....               | Traction Control ..... | Hill Descent ..... |
| Service .....           | Immobiliser .....      |                    |

**Please describe Fault Symptoms in full detail. Is the Fault constant or intermittent - What Occurs and When?  
Important: Providing as much detailed information as possible will enable us to provide an accurate diagnosis!**

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**Testing will take 1 – 3 Working Days**

**For payment, please give the following Credit/Debit card details**

**Type of Card (Mastercard/Visa/Switch/Maestro etc)**

**Card Number (16 digits) .....**

**Valid from ..... Expiry .....**

**Last 3 security digits on rear of card .....**

**Name on card if different from that on the top of this sheet:**

.....

**Address on card if different from that on the top of this sheet:**

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**Signature .....**