

IGNITOR WARRANTY RETURN REPORT

PLEASE COMPLETE IN FULL TO ENSURE THAT YOUR RETURN WILL BE PROCESSED

DATE: _____ / _____ / _____ PROQUIP CUSTOMER: _____

PRO QUIP PART NO: _____ IGNITOR NO: _____

RETURNS AUTHORISATION NUMBER: _____ **(MOST IMPORTANT)**

****This section to be completed by the "fitter" (preferably)****

Unit Fitted By: Company: _____

Contact: _____ Phone: (_____)

	PURCHASE	FITTED	REMOVED / FAILED
DATE			
KM's			

VEHICLE PARTICULARS

YEAR: _____ MAKE: _____ MODEL/SERIES: _____

DISTRIBUTOR MAKE & MODEL: _____ POINTS: _____

COIL MAKE & TYPE: _____ RESISTENCE: _____ ohms

NATURE OF CLAIM (Please describe the exact symptoms. Please attach lengthy explanations)

WERE TESTS ON TROUBLESHOOTING GUIDE PERFORMED? YES / NO

WERE ALL PARTS IN THE KIT RETURNED? YES / NO

HAVE ANY ADJUSTMENTS BEEN MADE TO THE IGNITOR? YES / NO

IF SO, WHAT AND WHY?

****This section to be completed by Pro Quip's Customer****

PURCHASE: DATE: _____ / _____ / _____ INVOICE NO: _____

YOUR CLAIM / RFC NUMBER: _____

IF THE UNIT IS FOUND TO BE FAULTY, WOULD YOU PREFER A: (Please circle)

REPLACEMENT IGNITOR
(Credit & Re-Invoice)

CREDIT ON YOUR ACCOUNT
(Credit Only – No Refunds)

CONTACT: _____ PH: (_____)