	(Customer	Returns	Form	1	
Date Customer / Account Number			MERLIN DIESELSYSTEMS			1954
Address Contact Name / Tel:			Units 189 - 191 Unit G12 Bradkirk Place Lock View Walton Summit Centre Lowfields Business Park Preston Elland PR5 8AJ HX5 9HD Tel: +44(0)1772 694132 Tel: +44(0)1422 387800 Email: warranty@merlindiesel.com			12 'iew lds Business Park HD
•	eport / Rema	nufacture / \	Warranty .	/ Core	Returns (Delete	e as appropriate)
Original Invoice No.	Vehicle Make and Model					
Vehicle Reg No.			Part Number (If Known)			
Chassis Number (If Kn	own)					
Pump Injector	Y/N QTY	Vehicle DPF	-		Date in Serv	
Symptoms of vehicle Non-Start Cutting Out Lack of Power Uneven Idle Misfire Will not rev White Smoke Black Smoke Blue Smoke Notes		Over Fuelling Burnt Piston Under Fuelling Fuel in Oil Oil in Fuel Contaminatio EML On?			Condition when F Idle speed Mid Revs High Revs Engine Cold Engine Warm Under load Full load Part load	ault occurs
Customer Signature					Date	
	ur Full Terms and C					rtridge <i>ROBIEL</i>