



UNITED DIESEL LTD.
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COLLECTION REQUEST FORM

Please fax this form to: **+972 4 8256561**

Contact Name _____

Position: _____

Tel No: _____

Fax No: _____

Company Name: _____

Address: _____

Postcode: _____

Vehicle Details: _____

Make & Model: _____

Date Registered: _____

Registration No: _____

Mileage: _____

Reported fault including fault codes

Please attached this form to the consignment