

ECU REPAIR MODULE

APPLICANT DATA

Business name / Name and surname		VAT number / tax code	
<input type="text"/>		<input type="text"/>	
Address		Reference person	
<input type="text"/>		<input type="text"/>	
Postal Code	Municipality	Province	Nation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-MAIL Address		Phone	
<input type="text"/>		<input type="text"/>	

ECU AND VEHICLE DATA

Vehicle brand	Vehicle Model	Registration year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Control unit brand	Control unit type (Abs, gearbox, engine, etc.)	Control unit code (0281...)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Defects highlighted

- In order to improve the service and repair times, we are to request (where possible):
- Diagnosis report (with description of faults)
 - Copy of registration certificate
 - (In case of Company) The transport document

insert this form inside the package