

WARRANTY CLAIM FORM



SECTION 1 - CUSTOMER INFORMATION

Please fill in all mandatory fields marked *

Full Name* : _____

Company : _____

Account Number : _____ Invoice Number* : _____

Address* : _____

_____ City* : _____

County _____ Post Code* : _____

Telephone Number* : _____

Email* : _____

SECTION 2 - INSTALLER INFORMATION

Please fill in all mandatory fields marked *

Name / Company* : _____

Address* : _____

_____ Post Code* : _____

Telephone Number* : _____

Email* : _____

Job Reference : _____ Date of Installation* : _____

SECTION 3 - VEHICLE DETAILS

Please fill in all mandatory fields marked *

Registration* :	VIN:
Vehicle Make:	Vehicle Model:
Current Vehicle Mileage* :	Mileage at Installation* :
Mileage at Damage / Removal* :	Date of Removal* :

WARRANTY CLAIM FORM



SECTION 4 - ITEM DETAILS CLAIMED UNDER WARRANTY

Please fill in all mandatory fields marked *

Please detail below the reason you are making a warranty claim and the Item fault *

Please fill the details of the item(s) you are claiming*

Part Number	Fault Description	Qty	Refund / Exchange

SECTION 3 - SIGNATURE*

Please complete all sections of the form before signing the section below

Name * _____

Date * _____

Signature * _____

SEND TO

Info@autosparesdirect.com

Or alternatively post to:

Autospares Direct
Kinetic Business Centre
Theobald Street, Elstree,
Hertfordshire
WD6 4PJ