

RETURN / EXCHANGE 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- RETURN ITEMS

Please specify the number code of the reason you are returning the item(s) when filling in item details *

1	Does not fit / Incorrect application	7	Not happy with the quality
2	Does not match website description / Image	8	Ordered by mistake
3	Item defective or Does not work	9	Received damaged
4	Late delivery	10	Received extra item
5	Missing parts or Pieces	11	Wrong item sent
6	No longer needed	12	Other

If you selected Other please specify* : _____

Please fill in return item details below.* If the given space is not enough to list all the returning items please clearly mark the items on your invoice copy and specify the reason, returning qty and if you are returning for a refund or an exchange.

Part Number	Description	Reason No.	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