

CUSTOMER WARRANTY FORM

Please send the completed warranty form, along with proof of purchase, with the product being returned under warranty. All packages **MUST** clearly show a WRN Number. Any warranty packages not clearly showing a WRN number will be refused and returned back to the shipper. A minimum £65.00 + vat (if applicable) inspection and reassembly fee will be charged for all returns that have no fault found.

WRN #: _____ To obtain this number please call or email our office

CONTACT INFORMATION

Name: _____ Date: _____

Address: _____

_____ Post Code: _____

Contact Number: _____ Email Address: _____

VEHICLE INFORMATION

Vehicle Year: _____ Registration Number: _____

Make & Model: _____

What major modifications have been done (if any) to the vehicle?:

PRODUCT INFORMATION

Part Number: _____ Serial Number (If applicable): _____

Purchase Date: _____

From where was the product purchased?: _____

Where and by whom was the product fitted: _____

Date product was fitted to vehicle: _____

Date problem started to occur or was first noticed: _____

Frequency of Problem (please highlight one): _____ Constant / Intermittent

Please describe, in as much detail as possible, the problem you are experiencing:

Pictures showing damage or defects are accepted to assist the warranty process

Signed: _____

Date: _____