

Warranty Returns Form



Dear Customer, please fill in the following form, this will help us to deal with your return more efficiently. Please **DO NOT** send goods back without a pre-registration confirmation.

Thank you

<p>CMP Reference No.</p> <p>_____</p>
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Returning Customer Name & Address	
Name	
Address	
Town	
Country	
Postcode	

Part Details	
<i>Part Number</i>	<i>Qty</i>

Information			
Invoice Number(s)			
Date Fitted		Date Failed	
Odometer Reading			
Mileage (in use)			
Vehicle Make & Model			
Chassis No & Year			

Please give a brief reason for return