



Unit 3, Whitehall Court
Whitehall Park
Whitehall Road
Leeds
West Yorkshire
LS12 5SN
Tel: (0113) 2794210

Autocharge

Warranty Returns Form

The following form must be completed before the issue can be resolved. Thank you for your patience as we promptly address your claim.

COMPANY INFORMATION.			
Company Name:		Branch:	
Contact Name:		Email:	
Phone Number:			

Date product was purchased:

PRODUCT INFORMATION.

Product Type:		Part Number:	
Order Date:		Invoice Number:	
Vehicle Registration:		Delivery Date:	
Date Fitted:		Date Removed:	

Details of Complaint:

1. Please include any supporting documentation.
2. Please return in original AutoCharge packaging.

Customer Signature

Date

For <Your
Company>

Date