SERVICE RETURN FORM

Complete this form and place it inside your parcel

1. CUSTOMER INFORMATION

NAME / COMPANY _____

RETURN ADDRESS _____

_____

POSTCODE _____ PHONE _____

EMAIL _____

2. VEHICLE INFORMATION

MAKE _____ MODEL _____ YEAR _____

USE: ROAD / TRACK / COMPETITION _____

3. COMPONENTS ENCLOSED AND WORK REQUIRED

GAZ PART NUMBER(S), IF KNOWN _____ QUANTITY _____

Please tick what you would like us to do:

- ☐ Service / rebuild
- ☐ Inspect and report
- ☐ Repair
- ☐ Test damper operation
- ☐ Replace worn or damaged parts
- ☐ Other

DESCRIBE THE FAULT, SYMPTOMS OR WORK REQUESTED

_____

_____

4. EXTRA NOTES

_____

_____

_____

_____

_____

BEFORE SENDING

Package the components securely and place this completed form inside the box.
We recommend using a tracked and adequately insured delivery service.

DATE _____

☐ Please contact me before carrying out work beyond the request above

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