



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. INTERNAL USE ONLY

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 _____