## Warranty Returns Form

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

Thank you

CMP Reference No.	Returning Customer Name & Address			
	Name			
	Address			
	Town			
	Country			
	Postcode			

Part Details		Information			
Part Number	Qty	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

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