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PRODUCT RETURN FORM

OFFICE USE ONLY
RETURNS NOTE NUMBER:
RN.....

CUSTOMER DETAILS

PRODUCT: DATE:

PLACE OF PURCHASE:

CUSTOMER Vehicle:

CUSTOMER Name:

CUSTOMER Tel No:

CUSTOMER Email:

CUSTOMER Address:

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REASON FOR RETURN

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ACTION TAKEN (OFFICE USE ONLY)

DATE TESTED:

TEST RESULT:

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RECOMMENDED ACTION: (Repair, replace, return, upgrade)

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DATE OF ACTION: