

This form is to only be filled out after you have been in contact with your dealer or CARTEK.

Please note you can type in the fields.

OFFICE USE ONLY

RETURNS NOTE NUMBER:

RN

CUSTOMER DETAILS

NAME:	<input type="text"/>	ADDRESS LINE 1:	<input type="text"/>
TELEPHONE:	<input type="text"/>	ADDRESS LINE 2:	<input type="text"/>
EMAIL:	<input type="text"/>	CITY:	<input type="text"/>
COMPANY:	<input type="text"/>	COUNTY: (STATE)	<input type="text"/>
DATE OF RETURN:	<input type="text"/>	POST CODE: (ZIP CODE)	<input type="text"/>
		COUNTRY:	<input type="text"/>

PRODUCT FOR RETURN

PRODUCT:	<input type="text"/>	PURCHASE FROM:	<input type="text"/>
PART NO:	<input type="text"/>	PURCHASE DATE:	<input type="text"/>
SERIAL NO:	<input type="text"/>		

VEHICLE FITTED TO

CAR:	<input type="text"/>	ENGINE:	<input type="text"/>
ANY OTHER DETAILS:	<input type="text"/>		

REASON FOR RETURN

Once you have filled this form out then please print a copy and send it with your return or email it to info@cartekmotorsport.com

ACTION TAKEN (OFFICE USE ONLY)

DOM:	<input type="text"/>	DATE OF TEST:	<input type="text"/>
HARDWARE:	<input type="text"/>	FIRMWARE:	<input type="text"/>
TEST RESULT:	<input type="text"/>		
ACTION TAKEN:	REPAIR <input type="checkbox"/> REPLACE <input type="checkbox"/> RETURN <input type="checkbox"/> UPGRADE <input type="checkbox"/>	NOTES:	<input type="text"/>
DATE OF ACTION:	<input type="text"/>		
ACTION REF:	<input type="text"/>		