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# RETURNS FORM

**TECHNOPART**

Store Name	
Contact Name	
Address	
Post Code	
Telephone	

<b>A1 Motor Stores Ltd</b>
Unit 20 Waterfield Way
Sketchley Industrial Estate
Sketchley Meadows
Hinckley
Leicestershire
LE10 3ER
Tel 01455 637031
Fax 01455 631646

## FAX OR EMAIL

Complete form to A12U Fax Number 01455 631646 / Email admin@a1motorstores.co.uk  
Must be completed prior to sending / collection of products

## PLEASE NOTE

Technopart products will be sent to the relevant supplier for testing before credit can be issued and where necessary further information may be requested from the supplier regarding the returned product.

**RETURN REF INVOICE NO:**
**DATE:**

<b>VEHICLE REG NO.</b>	
<b>PART NUMBER</b>	
<b>QUANTITY</b>	
<b>VEHICLE MAKE</b>	
<b>MODEL</b>	
<b>YEAR</b>	
<b>DATE FITTED</b>	
<b>DATE REMOVED</b>	
<b>MILEAGE SINCE FITTING</b>	
<b>FAULT DESCRIPTION INCLUDING FAULT CODES ETC</b>	

**ABOVE MUST BE COMPLETED FOR EACH PART NUMBER RETURNED  
FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR CLAIM**

Please tick here if a labour claim applies

Labour claim details must be completed.  
See part 2.

# WARRANTY CLAIM FORM

(Garage Customer to Complete)

**TECHNOPART****CUSTOMER / VEHICLE DETAILS****DATE:**

<b>BUSINESS NAME</b>	
<b>CONTACT NAME</b>	
<b>ADDRESS LINE 1</b>	
<b>ADDRESS LINE 2</b>	
<b>ADDRESS LINE 3</b>	
<b>POST CODE</b>	

<b>VEHICLE REG NO.</b>	
<b>PART NUMBER</b>	
<b>QUANTITY</b>	
<b>VEHICLE MAKE</b>	
<b>MODEL</b>	
<b>YEAR</b>	
<b>DATE FITTED</b>	
<b>DATE REMOVED</b>	
<b>MILEAGE SINCE FITTING</b>	
<b>FAULT DESCRIPTION INCLUDING FAULT CODES ETC</b>	

<b>LABOUR CLAIM AMOUNT</b>	£	
<b>LABOUR CLAIM HOURLY RATE</b>	£	
<b>ANCILLARY CLAIM VALUE</b>	£	e.g. Towing, Fluids
<b>TOTAL CLAIM</b>	£	

