Warranty Application Form

hsy

Pick up Details		**Customer Details**	
Date/Time:	DDMMYY / TIME	Customer Number:	
Site ID:		Customer Name:	
Person/Driver:		Settlement Request: ☐ credit note ☐ Replacement	

1. Article Information:

Part Number:		Invoice Number:	
Part Description:		Invoice Date:	
Brand:		Qty Returned:	

2. Warranty Section:

Date Fitted:		Car Make:	
odo Reading:		Car Model:	
Date Fault Detected:		Chassis no:	
odo Reading:		Engine no:	

3. Fault Description

4. Settlement

☐ approved   c/n no: _____

repl. invoice no: _____

☐ rejected   reason: _____

DATE / NAME

_____
Applicant Signature