

WARRANTY FORM

DEALER NAME: _____

DEALER ADDRESS _____

CONTACT NAME _____

TEL: _____ FAX: _____

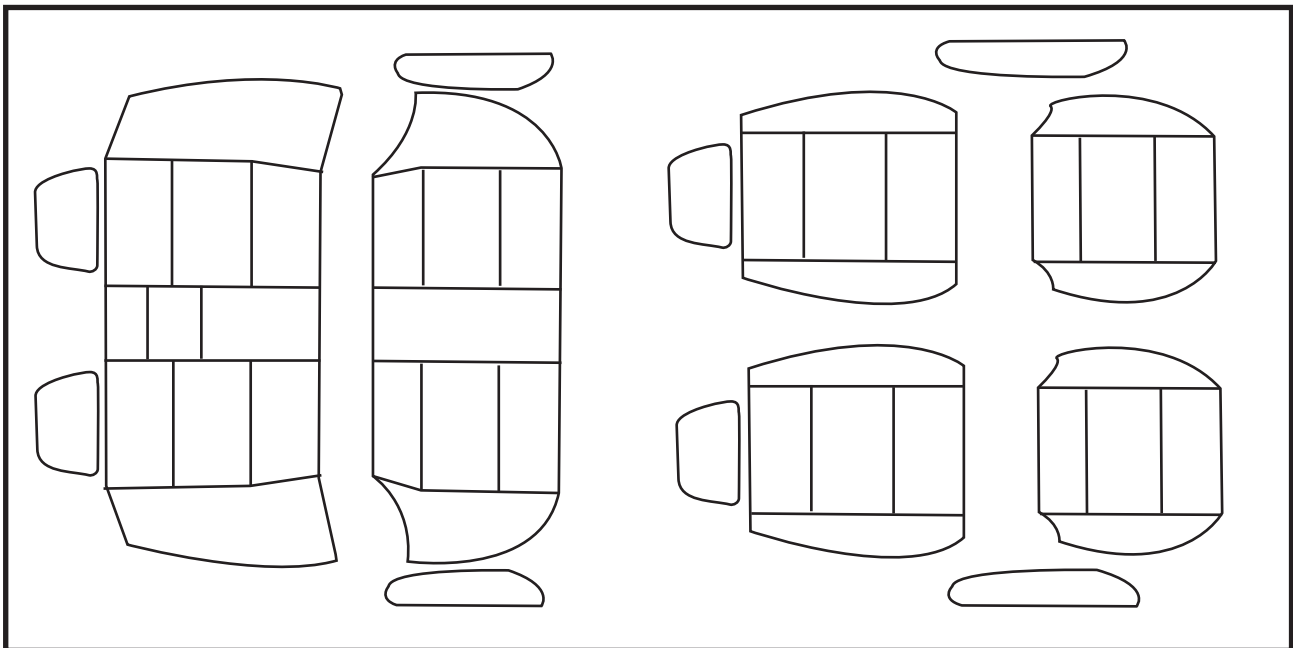
TRIMTECHNIK INVOICE NUMBER _____

VEHICLE DETAILS/MODEL _____

PLEASE NOTE THAT TRIM TECHNIK ARE UNABLE TO PROCESS THIS WARRANTY CLAIM WITHOUT YOUR TRIMTECHNIK INVOICE NUMBER AND VEHICLE DETAILS.

LOCATION OF VEHICLE:- AT DEALER
 WITH CUSTOMER CHASS NO. _____

PLEASE MARK ON DIAGRAM BELOW THE FAULT LOCATION



PLEASE GIVE DETAILS OF ALL FAULTS:

TO ALLOW US TO PROCESS YOUR CLAIM PROMPTLY

FAX BACK TO IAN SHIMMIN - AFTERSALES MANAGER ON

FAX: 0151 609 1789

OR EMAIL ON IAN@TRIMTECHNIK.NET (WITH DIGITAL PHOTOGRAPHS WHERE POSSIBLE.)