

Customer

Warranty Form

DateCustomer TelephoneCustomer NameCustomer AddressCustomer EmailCustomer Email

LPM Invoice # Qty **Reg Number** Part Number Vin Number Description **Date Fitted** Date Removed **Mileage Fitted Mileage Removed** Fault **Other Notes** In the case of a warranty rejection, do you wish for the faulty item to be returned to you at your cost? (Please circle answer) Yes / No