|  |  |
| --- | --- |
|  | ***Brink Towing Systems*** |
| **CUSTOMER RETURNS** BUK225 |
|  |
|  ***REFERENCE No:***

|  |
| --- |
|  |

 ***DATE:***

|  |
| --- |
|  |

 ***COMPLETED BY:***

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| --- |
|  |

 ***COLLECTION ADDRESS: PLEASE TICK RELEVANT BOX:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME: |  |  | CUSTOMER NO SHOW/NO LONGER WANTS PRODUCT |  |  |  |
| ADDRESS: |  | DAMAGED AS RECEIVED |  |  |
|  |  | MISSING PARTS |  |  |
|  | INCORRECT PRODUCT/PARTS |  |  |
|  | FAULTY/INOPERATIVE |  |  |
| POST CODE: | POOR APPEARANCE, CORROSION, PAINTWORK etc. |  |  |
| TELEPHONE: |  | OTHER *please specify* |  |  |

 ***PRODUCT DETAILS:***

|  |  |
| --- | --- |
| PART No: |  |
| PART DESCRIPTION: |  |
| VEHICLE MAKE/MODEL & REG. |  |
| QUANTITY: |  |
| SERIAL No: |  |
| INVOICE No: |  |
| CONFIRMATION No: |  |
| REASON FOR RETURN:*(Please tick above box & give brief description of reason for returning product)*  |  |
| PRODUCT BEEN FITTED: |  |

 |
|  |
| ***TRANSPORT DETAILS:***

|  |  |
| --- | --- |
| COURIER: |  |
| CONSIGNMENT No: |  |
| DATE: |  |
|

|  |  |
| --- | --- |
| ***QOL No.*** |  |

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| *Please completed all fields & return to the postal/email address below.****BRINK TOWING SYSTEMS*** *is dedicated to providing the customer with a Quality product/Service.**We have been accredited with* ***TS16949*** *as a result of this.**The information you provide can help us resolve any problems which may occur to enable us to remain customer focused & carry on supplying a Quality Product/Service* |

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