

\* This form must be printed off, filled in and returned with the mirror  
\* Please note no work will be carried out until all details are supplied

## PERSONAL DETAILS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

POST CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBER: (required) ( ) \_\_\_\_\_

## PURCHASING INFORMATION

Date Purchased: \_\_\_\_\_ Invoice No.: \_\_\_\_\_

Company Purchased From: \_\_\_\_\_

Address: \_\_\_\_\_



## ISSUE WITH ITEM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I have read and agree to the terms and conditions  Please tick
- I have notified Clearview Accessories about my return. my RA reference number is RA \_\_\_\_\_

### CREDIT CARD DETAILS

\* Credit Card details are required if not a warranty claim

CARD NO:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						<input type="checkbox"/>	
EXP. DATE:	<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>					AMOUNT:	_____	<input type="checkbox"/>																
SIGNATURE:	_____																							