

WARRANTY CLAIM FORM

CUSTOMER: <input type="text"/>	SUBMITTED BY: <input type="text"/>
DATE: <input type="text"/>	WHEEL REFERENCE: <input type="text"/>

PRODUCT DESCRIPTION: <input type="text"/>
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DATE WHEEL WAS FITTED: <input type="text"/>
NO OF HOURS WHEEL WAS IN USE: <input type="text"/>

DESCRIBE FAULT:

IMPORTANT: PLEASE NOTE

- Only one wheel per claim form.
- This form must be completed in full and sent with the wheel for inspection to TEP Technica Ltd at the below address.
- Where a claim is approved we will only provide a credit.
- For more information please refer to our Warranty Claim Procedure or contact us.
- Please see our standard terms and conditions for information on the limits of our liability.

TEP Technica Ltd

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