



Returns Form

www.autowave.co.uk 0115 837 7972
Autowave
Clifton Avenue
Long Eaton
NG10 2GA

Company Name:
Contact Name:
Contact Number:
Address:
.....
Postcode:
Email:

Invoice Number:
Invoice Date:
Product Code/SKU: (AUT)
.....
Product Name:
.....
.....

Vehicle Make:
.....
Vehicle Model:
.....
Vehicle Reg:
.....
Vehicle Chassis No:
.....

Incorrect Product Sent No Longer Required Battery Fault
Damaged Will Not Programme Other
If other, please provide explanation
.....
.....
.....

Please describe, in as much detail as you can, the issues you have had with the product(s):
.....
.....
.....
.....

Received Replacement Require Replacement Require Credit

FULL NAME: SIGNATURE DATE

Please send the product(s) in question and this form filled out as much as possible to the attention of *Autowave Limited Returns* and to the address below:

Clifton Avenue, Long Eaton, Nottingham NG102GA

Upon receipt of your return, a member of our team will be in contact as soon as possible via phone and email with our response. For more details on returns, non-faulty goods and faulty goods please visit our website.