

Advance Replacement/Service Exchange RA Request Form



This form may be completed in Acrobat Reader (version 9), saved and attached to an E-mail then returned. Download V9 here -

Account No: S0	Contact Name:
Company Name:	
Address:	
	Post Code:
Phone:	Email:

Item:	Manufacturers Ticket Number:
Product:	Serial No:
Details of the fault:	
Date Ordered: / /20 on Order No.: or Date Invoiced: / /20 on Inv No.:	
<i>If a representative of the manufacturer has agreed to an advance replacement please provide the following information.</i>	
Name of Person who agreed credit:	
Phone:	Email:

Please provide new Order Number for replacement products here:-

Delivery address for replacement product if not as above:
Post Code:

The faulty product must be received back within 14 days from receipt of the advance replacement/service exchange item.

Please send this completed form to sal@eeteuroparts.co.uk for us to issue you with a RA number.
Please return the items above using RA _____ Date: __/__/20__
Please return the goods with a copy of this form to:
EET Europarts Ltd, Knights Way, Battlefield Enterprise Park, Shrewsbury, Shropshire SY1 3AB