

PLEASE PRINT AND SEND BACK WITH YOUR RETURNED GOODS

# ELECTREX RETURNS FORM

PLEASE COMPLETE ALL PARTS OF THIS FORM

DATE:	
COMPANY NAME:	INVOICE NUMBER:
CONTACT NAME & TEL:	
EMAIL ADDRESS:	
PARTS BEING RETURNED:	
MAKE, MODEL AND YEAR OF BIKE:	
FAULTS/REASONS FOR GOODS BEING RETURNED	
PLEASE INDICATE ACTION TO BE TAKEN:	
REPLACE	TEST
REPAIR	EXCHANGE

FOR ELECTREX WORLD USE:

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