

Your details

Your name: _____

Organisation: _____

Address: _____

Post Code: _____

Telephone: _____

Email: _____

Repair Authorisation

I would like a quotation to confirm costs.

I authorise you to complete the repair with a maximum cost of £ _____. See our website for our current repair price guidelines.

Payment Method

Maestro VISA MasterCard*

Card Number _____

Expiry Date _____

Switch/Maestro-Start Date/Issue Number _____

We will contact you for your CVC number.

Signature _____

Item Description

Make: _____

Model: _____

Colour: _____

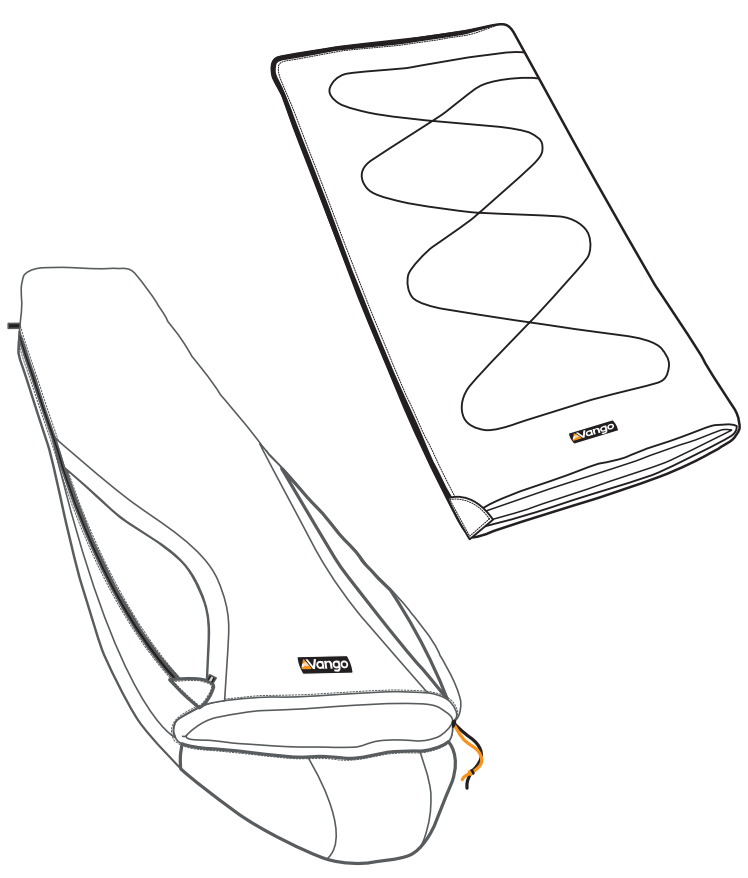
Size: _____

Approximate Date of Purchase: _____

Required Back By: _____

Please describe the damage: _____

Please identify the areas of damage



Please only send us the damaged part of your product.

For AMG Use	Date Received: _____	Date Required: _____	Quote Accepted: _____	Client A/C: _____	AMG SOP: _____	AMG Inv: _____
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