

**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**

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Maestro/Switch     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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