AMG group

WARRANTY ☐
REPAIR ORDER ☐
(PLEASE INDICATE WHICH)
GENERAL

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 *

☐ 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:

AMG - Warranty / Repair Order 2008

15 Dunivaig Road Easter Queenslie Ind. Estate Glasgow G33 4TT
T: (44) (0) 141 773 5475 F: (44) (0) 141 773 5456 E: services@amg-group.co.uk W: www.amg-group.co.uk

* There will be a 3% charge if you pay by Visa or Mastercard