

return form

This form **MUST** be filled out completely and legibly.

Name of Purchaser

Your Customer Number (if you have one)

If you do not have a customer number you **MUST** attach an original receipt showing date of purchase and amount paid.

Serial number(s) of your CG-Lock(s)

Address

Include Town or City, County or Region, Postcode, Country

Daytime Phone Number (with Area Code)

Where was the CG-Lock purchased?

(website, store name, catalogue name)

Please return this form with your properly packed and insured CG-Lock to:

CG-Lock Returns
1 Deansgate (202)
Manchester
England
M3 1AZ

Why are you returning this CG-Lock?

Tick one reason below, complete the information requested and return along with the CG-Lock.

Does not fit my seat belt

Car make, model and year

Seat position(s) the CG-Lock does not fit

Can not install or operate properly

What problem are you having?
Describe in detail below.

Does not work properly

Describe in detail below.

Other

Describe in detail below.