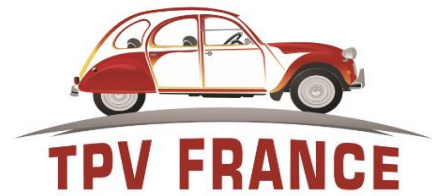


Return form



Customer Information	
Debit number:	
Company name:	
Filled in by:	
Adress	
ZIP code + City	
Country:	
Phone number:	
E-mailadres:	

Request:	Wrong delivery / Warranty / deposit part / Wrong order
Date request:	
Invoice number:	

Quantity	Article number	Failure/complaint

Note

We kindly ask you to fill in the form as complete as possible. This ensures a quick handling of your request. Please priny out the completed from and send it along with the parts you are sending back to: **Jose Franssen SPRL Place du 3ème Millénaire 5 B-4850 Plombières België.** If u have any questions please contact us via: **jose.franssen@citroen-traction-avant.com** of bel naar **+32 (0)87 78 51 24.**

