



RETURNS FORM

SERVICE/WARRANTY

Please return this form and product(s) to:

Hope Technology, Hope Mill, Calf Hall Road, Barnoldswick, Lancashire, BB18 5PX, United Kingdom

Please ensure all items being returned are as clean as possible. Dirty parts may be subject to additional charges and will delay the service process.

Your Details: Please use BLOCK CAPITALS.

Name:	Customer Number:
Address:	
Postcode:	
Daytime Phone Number:	Mobile Phone Number:
Email Address:	

Parts Returned: Please tick box(s) or enter quantity of all items you are returning.

Master Cylinder:
TECH 4 <input type="checkbox"/> XCR <input type="checkbox"/> TECH 3 <input type="checkbox"/> TECH/TECH EVO <input type="checkbox"/> RACE/ RACE EVO <input type="checkbox"/> MINI 07 <input type="checkbox"/> MINI <input type="checkbox"/>
Caliper:
X2 <input type="checkbox"/> E4 <input type="checkbox"/> V4 <input type="checkbox"/> 2009 M4 <input type="checkbox"/> V2 <input type="checkbox"/> MONO MINI <input type="checkbox"/> MONO M4 <input type="checkbox"/> M4 <input type="checkbox"/> RX4 <input type="checkbox"/>
Hose Type: Braided <input type="checkbox"/> Black <input type="checkbox"/>
Preferred Pad Compound: Standard <input type="checkbox"/> Sintered <input type="checkbox"/>

Reason for Return: Please include proof of purchase for all warranty claims.

SERVICE: <input type="checkbox"/>	WARRANTY: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	Date of purchase __ __ ____
-----------------------------------	------------------------------------	---------------------------------	---------------------------------

Please give any further details:

To assist with your service/warranty claim please provide details of your bike.

Make:
Model:
Application: (DH, Enduro, Gravel, E-Bike)

FOR OFFICIAL USE ONLY: DOC:SW.01

Parts replaced:	
Technician Name:	
Date work completed:	
Box number:	
External document number:	DOM: