

COLCHESTER COMPUTER & REPAIR
CENTRE LTD

FAULTY PRODUCT RETURN FORM

NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

TOWN _____

COUNTY _____

POST CODE _____

HOME TEL NUMBER _____

WORK TEL NUMBER _____

MOBILE NUMBER _____

E-MAIL ADDRESS _____

MODEL FOR REPAIR _____

DESCRIPTION OF FAULT

PLEASE COMPLETE THE FORM AND ENCLOSE WITH YOUR FAULTY PRODUCT

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