



Returns Form

All lines **MUST** be completed to receive
a replacement or credit



1. Company Name:					
2. Contact Person:					
Phone Number:					
3. Device Name:		Serial Number			
4. Car Details:	Make		Model		Year

Transmission: MT <input type="checkbox"/> AT <input type="checkbox"/>					
Fuel: Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Electric <input type="checkbox"/>					
Engine Capacity: _____					
Key: Remote <input type="checkbox"/> Keyless <input type="checkbox"/>					
Description: CANBUS Wire Colour's used, _____ _____ _____					
Location: _____					
5. DATE of installation:					
DATE of defect occurrence:					
6. Items Returned					
Ghost-1 <input type="checkbox"/> Ghost-II <input type="checkbox"/> Shadow <input type="checkbox"/> Compass <input type="checkbox"/>					
QR Fingerprint <input type="checkbox"/> Security Card <input type="checkbox"/> Fob/s <input type="checkbox"/> Relay Box <input type="checkbox"/>					
7. Description of Fault / Problem					
Date		Signature			