

# Return form



Customer data	
Customer number:	
Company Name:	
Your Name:	
Postcode/City/Country:	
Telephone:	
E-mail Address:	
Desired solution:	Keep credit for the future order <input type="checkbox"/>
	Refund to my account <input type="checkbox"/>
IBAN Number	

Wrong delivery / Warranty / Deposit part / Wrong order	
Date of request:	
Invoice No:	

Quantity:	Part Number:	Remark

We kindly ask you to fill in the form as complete as possible. This ensures a quick handling of your request. Please send it along with the parts you are sending back to:

**Classic Automobile Service**  
**Hogeweg 19**  
**5411 LP Zeeland**  
**Nederland.**

Should you any questions, please contact us via:  
info@classicautomobileservice.nl  
0031 (0)486-700205

<b>Classic Automobile Service</b>
Hogeweg 19 – 5411 LP Zeeland – The Netherlands – T. +31 (0) 486 700205 – F. +31(0) 486-451666 – Email: info@classicautomobileservice.nl
W: www.cas-shop.nl - K.v.K: 58561986 – BTW/VAT: NL162891994B01 – IBAN: NL26 RABO 0185 2706 54 – BIC: RABONL2U