



Email: sales@themobilityoutlet.co.uk

Telephone: 0141 483 6716

THE MOBILITY OUTLET RETURNS & WARRANTY CLAIM FORM

Warranty & Returns Eligibility Check

Please provide the following information so we can assess whether your product qualifies for a return or warranty claim. Accurate details will help us process your request as quickly as possible.

1. CUSTOMER INFORMATION

Customer Name	
Contact No.	
Email Address	
Order No.	
Date of Purchase	
Collection Address / Post Code	
Customer Return Tracking No.	

2. PRODUCT INFORMATION

Part Code(s)	
Description of Item(s)	
Qty returned	
Reason for return	
Serial Number(s)	



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3. TYPE OF REQUEST

Standard Return (within 30 days of purchase date) *Returns are eligible for credit only if the item is unopened, unused, and in its original packaging*

Warranty Claim – Repair

Warranty Claim – Replacement

Warranty Claim – Refund

4. REASON FOR RETURN / WARRANTY CLAIM

Defective / Not Working

Damaged in Shipping

Incorrect Item Received

Quality Issue

Other: _____

5. DESCRIPTION OF ISSUE (REQUIRED FOR WARRANTY CLAIMS)

Photos Attached: Yes No

Must be included for a Warranty Claim

6. PRODUCT CONDITION

Unused

Lightly Used

Used

Physically Damaged

Accessories Included:

Original Packaging Charger/Cable Manuals Other: _____

CUSTOMER DECLARATION

I confirm that the information provided is accurate. I understand that warranty claims are subject to inspection and approval.

Name: _____

Date: _____



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INTERNAL USE ONLY

To be repaired & returned to customer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
To be repaired & returned to stock	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Location for credit / return to stock		
To be sent back to supplier	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Received Date: _____

Inspection / Action Notes:	
Warranty / CSF No.	

Approved: Yes No

Resolution: Repair Replace Refund Denied

Processed By: _____