



**CLEARVIEW ACCESSORIES**  
ABN: 59 140 145 393

3 Frog Crt, Craigieburn, VIC, 3064  
clearviewaccessories.com.au  
(03) 8351 9933  
info@clearviewaccessories.com.au

\*This form must be printed, completed and returned inside the box with the returned mirrors.  
\*\*Please ensure all fields are completed. Work will not commence with an incomplete form.

## PERSONAL DETAILS

|                          |       |        |       |           |       |
|--------------------------|-------|--------|-------|-----------|-------|
| Name:                    | _____ | Date:  | _____ |           |       |
| Address:                 | _____ |        |       |           |       |
| City:                    | _____ | State: | _____ | Postcode: | _____ |
| Email:                   | _____ |        |       |           |       |
| Phone Number (required): | _____ |        |       |           |       |

## PURCHASE INFORMATION

|                         |       |                 |       |
|-------------------------|-------|-----------------|-------|
| Date Purchased:         | _____ | Invoice Number: | _____ |
| Vehicle Make:           | _____ | Vehicle Model:  | _____ |
| Company purchased from: | _____ |                 |       |
| Address:                | _____ |                 |       |

## REASON FOR RETURN

|            |                          |             |                          |
|------------|--------------------------|-------------|--------------------------|
| Warranty   | <input type="checkbox"/> | Retrofit    | <input type="checkbox"/> |
| Repair     | <input type="checkbox"/> | Add Cameras | <input type="checkbox"/> |
| Conversion | <input type="checkbox"/> |             |                          |
| Notes:     | _____                    |             |                          |
|            | _____                    |             |                          |

## CREDIT CARD DETAILS

|   |   |         |                        |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |
|---|---|---------|------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--|
| *Credit Card details are required if not a warranty claim |   |         |                        |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |
| Card No:  | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |         |                        |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> |  |
|   |   |         |                        |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |
| Exp Date:   | _____   | Amount: | \$ <u>150.00</u> _____ | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |
| Signature:  | _____   |         |                        |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |