

# BROCOCK RETURN FORM

Should be completed for all rifles being returned for service, warranty and repair

Name:

Address:

Address:

Address:

Post Code:

Email:

Phone No:

Rifle Type:

Serial No:

Shop / Dealer

(FOR WARRANTY PLEASE ENCLOSE YOUR RECEIPT)

## SERVICE INSTRUCTIONS

**QUOTATION  
REQUIRED?**

YES/NO

IF QUOTATION REQUIRED PLEASE NOTE THERE IS A £20  
CHARGE PAYABLE IN ADVANCE. PLEASE COMPLETE  
PAYMENT INFORMATION BELOW

I wish to pay by **CHEQUE / CARD** (Delete as applicable)

**Credit /Debit  
Card**

NUMBER

ISSUE DATE

EXP DATE

SECURITY. No.

(last three digits)

YOUR SIGNATURE