



Clutch Inspection/Refurb Form

Please fill in this form as much as possible, the * indicates mandatory information

PERSONAL INFORMATION *	
First Name	
Last Name	
Address	
Email	
Phone Number	

DISTRIBUTOR INFORMATION IF APPLICABLE	
Distributor Name	

PRODUCT DETAILS	
Date product was purchased	
Invoice Number	

Product Information

PRODUCT PART NUMBERS IF KNOWN

VEHICLE INFORMATION *	
Make	
Model	
Year	
Engine size and Code	
Any additional information (change of gearbox etc.)	

BEDDING IN DETAILS	
How many miles did you bed the clutch in for roughly?	
Date the clutch was fitted	
Date that problems started to occur	

PTO →

UNIT 23, VANTAGE BUSINESS PARK, BLOXHAM ROAD, BANBURY, OXON. OX16 9UX

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WORK YOU WISH US TO DO – E.G. TEST & REPORT OR REPAIR *

PLEASE RETURN ALL HELIX PRODUCTS TO THE BELOW ADDRESS – **FAO TINA/MATT**

*Helix Autosport Ltd
Unit 23, Vantage Business Park
Bloxham Road
Banbury
OX16 9UX*

You will be contacted with the results of the investigation within 10-20 working days.

PLEASE ENSURE THIS COMPLETED FORM IS PLACED IN THE BOX WITH YOUR PARTS

Customer Signature

Date