

Seatbelt Rewebbing Order Form

Its as easy as 1. 2.. 3...

When sending in your seatbelt(s) for rewebbing **PLEASE** include the following details:

** These are **REQUIRED** fields*

1. Your details*

Name*

Phone*

Number and Street*

Suburb*

Town or City*

2. Your vehicle details*

Vehicle REGO (or VIN if not registered)*

Year*

Make*

Model*

3. Seating position(s)*

Position of the seat from which the seatbelt(s) is from:*

Notes:

*Circle as
required
to identify
position**

Left Front

Centre Front

Right Front

2nd row left

2nd row centre

2nd row right

3rd row left

3rd row centre

3rd row right

Other position(s)

Terms While all due care is taken, Autosafe does not accept any responsibility or liability, for the loss or damage of any seatbelt sent to us, either during transit or while on our premises. This does not negate any remedial action or compensation which may be recoverable by us in terms of any contractual agreement with couriers or any other agency providing us with transiting services, and being applied to the sender. Completion of this form signifies acceptance of these terms.

Send to: Autosafe Ltd, 200 Antigua St, Christchurch, 8011 PH 0508 58-00-00

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