

# return form

This form **MUST** be filled out completely and legibly.

DAVID [REDACTED] Y  
Name of Purchaser

Your Customer Number (if you have one)  
If you do not have a customer number you **MUST** attach an original receipt showing date of purchase and amount paid.

2004/04/28 14:37 80931  
Serial number(s) of the CG-Lock(s)

[REDACTED]  
Street Address / Apartment Number

Additional Address  
PORTLAND OR 97231  
City, State, Zip (or postal) Code

USA  
Country

503 [REDACTED] 70  
Daytime Phone Number with Area Code

WEB SITE  
Where did you purchase the CG-Lock?  
(Enter web site, store name, catalog name)

## Why are you returning the CG-Lock?

Check one reason at right, complete the information requested and return along with the CG-Lock.

**Does not fit my seat belt.**  
ACURA NSX 1993  
Car make, model and year

Seat position(s) the CG-Lock does not fit

**Dissatisfied; do not like.**  
What don't you like? Why are you dissatisfied?  
Describe in detail below.

**Can not install or operate properly.**  
What problem are you having?  
Describe in detail below.

**Does not work properly.**  
What don't you like? Why are you dissatisfied?  
Describe in detail below.

**Involved in an accident.**  
What happened? May we call you for details?  
Describe in detail below. ACCIDENT ON TRACK

**Other.**  
Describe in detail below.

CAR HIT WALL @ 70 MPH  
AFTER A 160° SPW,  
RIGHT FRONT QUARTER IMPACT,  
RIGHT REAR QUARTER IMPACT.  
BOTH AIR BAGS BLEW, I  
WALKED AWAY WITH BRUISED RIBS

Return this form with your properly packed and insured CG-Lock to:

CG-Lock Returns  
Mather Automotive Innovations, Inc.  
50 SLASHPINE CIRCLE  
HOCKESSIN, DELAWARE 19707-1027  
USA

Cut on folds and mail to Mather Automotive Innovations, Inc.