



Bachmann Collectors Club

Membership Information Request Form

Name:

Address:

Town/City: Postcode:

Email:

Please return to:

**Bachmann Collectors Club
PO Box 7820,
Barwell,
Leicestershire.
LE9 8WZ
England**



Warranty Service Request Form

Name:

Address:

Town/City: Postcode:

Tel. No:

Email:

Retailer where purchased:

Description of Problem:

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