



RETURNS FORM (Please complete all sections)

COMPANY NAME:	ADDRESS:	DATE:
		REQUESTED BY:

PART NO.	SERIAL NO.	*	FAULT DESCRIPTION	ORDER NO.	INCIDENT NO.	RMA NO.

**** PLEASE INSERT INITIALS FOR WHICH SERVICE IS REQUIRED.***

WE: Warranty exchange, advanced replacement for equipment in warranty

WR: Warranty Repair, repair for equipment in warranty (no advance replacement)

CR: Customer Repair, chargeable repair for equipment outside of warranty.

C: Return for Credit, for items not required (Goods returned are subject to a 25% restocking fee)