

# SERVICE RETURNS FORM

# Martin Lishman

DATE \_\_\_\_\_

Please complete and send back with the product you are returning.

Incomplete forms may result in a delay in processing.

|                |  |
|----------------|--|
| PRODUCT        |  |
| SERIAL NUMBER  |  |
| DATE PURCHASED |  |

### End user Contact Details

|                      |  |
|----------------------|--|
| COMPANY NAME         |  |
| CONTACT              |  |
| TELEPHONE NO         |  |
| FAX NO/EMAIL ADDRESS |  |
| SITE ADDRESS         |  |

### Dealer details (If possible supply a copy invoice as proof of purchase)

|                      |  |
|----------------------|--|
| DEALER NAME          |  |
| CONTACT              |  |
| TELEPHONE NO         |  |
| FAX NO/EMAIL ADDRESS |  |
| ADDRESS              |  |

### DESCRIPTION OF FAULT/REASON FOR RETURN

|  |
|--|
|  |
|--|

### PLEASE DELIVER THE GOODS BACK TO SITE ADDRESS/DEALER ADDRESS

(Delete as appropriate)

SIGN AND PRINT \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

DATE \_\_\_\_\_

### FOR MARTIN LISHMAN USE ONLY

|                    |        |
|--------------------|--------|
| SOP NUMBER         |        |
| LOGGED BY          |        |
| ML CONTACT         |        |
| DATE RECEIVED BACK |        |
| WARRANTY           | YES/NO |
| DATE COMPLETED     |        |