

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

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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	