

MGS QUALITY PROCEDURE

Form No MGS/QF/034

ISS. 3

DATE : Jun10

SIG : SKH

RETURNED EQUIPMENT REPORT FORM (MGS)**(A) TO BE COMPLETED BY CUSTOMER**

CUSTOMER NAME & ADDRESS		CONTACT NAME + TEL No	
		DATE	
		PRODUCT SERIAL No	
PRODUCT DESCRIPTION / MODEL TYPE		PRODUCT SERIAL No	
WHERE / FROM WHOM WAS THE PRODUCT PURCHASED.		CUSTOMER ORDER NO.	
QUANTITY	R. A. N.	CUSTOMER ORDER DATE.	
BRIEF DESCRIPTION OF PROBLEM		REASON FOR RETURN	
		SERVICE REPAIR	
		WARRANTY CLAIM	
		OTHER	

RETURNS PROCEDURE (Responsibility of purchaser)

Prior to returning any goods to MGS the customer should contact MGS for a Returns Authorisation Number.

The purchaser should then complete section (A), identifying the following

Product, Model, & Serial No. Etc

Where, When and from Whom the product was purchased, and quantity etc.

The purchaser should also describe the nature of the problem.

If the purchaser believes the product is covered by the MGS warranty he should also tick box.

The purchaser should also complete Health & Safety clearance form (QF/038) (downloadable from web site)

The product together with completed forms QF/034 AND QF/038 should be returned to MGS.

(B) TO BE COMPLETED BY MGS IF IS A WARRANTY CLAIM IS MADE.

RETURNS AUTHORISATION No	<input type="text"/>	MGS DELIVERY NOTE NO.	<input type="text"/>
MGS SALES ORDER NO.	<input type="text"/>	MGS BATCH NO.	<input type="text"/>
WARRANTY CLAIM VALID Y / N	<input type="text"/>		

SEND TO

SALES / SERVICE DEPARTMENT
MARTON GEOTECHNICAL SERVICES
ROUGHAM INDUSTRIAL ESTATE
BURY ST EDMUNDS
SUFFOLK IP30 9ND
UNITED KINGDOM



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sales@mgs.co.ukwww.mgs.co.ukREVIEWED BY MGS
(PRODUCTION / QUALITY)

POSITION :

DATE :

RETURN COMPLETED FORM TO CUSTOMER (1 COPY) : SERVICE DEPT (1 COPY) : QUALITY FILE - (1 COPY)- WARRANTY ONLY