

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			
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 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
 HEYFORD CLOSE, DUTTON ROAD
 ALDERMANS GREEN IND. ESTATE
 COVENTRY CV2 2QB
 UNITED KINGDOM



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 FAX: +44 (0)2476 602116
sales@mgs.co.uk www.mgs.co.uk

REVIEWED BY MGS (PRODUCTION / QUALITY)	<input type="text"/>
POSITION :	<input type="text"/>
DATE :	<input type="text"/>