

# PRODUCT RETURN FORM

## A: CUSTOMER DETAILS:

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

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## B: PRODUCT INFORMATION:

PRODUCT NAME \_\_\_\_\_

PRODUCT CODE \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

DATE OF PURCHASE \_\_\_\_\_

INVOICE NUMBER \_\_\_\_\_

DESCRIPTION OF FAULT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRODUCT (S) UNDER WARRANTY

PRODUCT (S) OUT OF WARRANT

CUSTOMER'S CONTACT PERSON:

\_\_\_\_\_

TELEPHONE NUMBER

\_\_\_\_\_

SIGNATURE/DATE

\_\_\_\_\_

RVS CUSTOMER SERVICE STAFF:

\_\_\_\_\_

DESIGNATION

\_\_\_\_\_

SIGNATURE/DATE

\_\_\_\_\_