

## PRODUCT RETURNS FORM

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Compa	any Name:					
Company Name						
Company Address:						
Contact Name:						
Email Address:						
Telephone No:						
	1					
Oty	Part No. Desc		ription	Serial No.	Reason for return. (If returning for investigation/repair, please explain <u>IN DETAIL</u> all faults/issues) *	
* Please r	note, if you are sendi	ng a proc	luct(s) back for inspec	ction due to a fault o	r damage, there will be a £50 charge. This will be waived if, following the	
inspection	n, repairs are require	ed which a	are subsequently carr	ied out (after custom	er approval).	
Unit Barry Isle c			Systems Ltd 15, Newport Business Park y Way, Newport of Wight, PO30 5GY ed Kingdom			
			to LCM Systems ail: <u>sales@lcms</u> y		tch, and ensure a copy is sent with the goods. Fax	
basis (D	Delivered Duty Pa	aid). Fai	lure to do so wil	l result in LCM Sy	ecalibration or repair, they <u>must</u> be returned on a DDP stems recovering the charges levied. Please also use a bunt depreciation/wear and tear, as this will affect the	
	-				rt is 8423909000.	
Customer Signature:					Date:	