



This form may be completed electronically or printed then completed in writing.  
Please return this completed form with the stock to be returned.

Authorization No (required) \_\_\_\_\_ Company \_\_\_\_\_

Date \_\_\_\_\_ Contact \_\_\_\_\_

Item Ident (LTE Part No) \_\_\_\_\_ Email \_\_\_\_\_

Installation Company \_\_\_\_\_

Note: 1 sheet per item Installer Name \_\_\_\_\_

Reason for Return:

\_\_\_\_\_

Installer's Finding

\_\_\_\_\_

Distributor Test  
Results

\_\_\_\_\_

Note: If detailed, please attach to form

This Section for OFFICE USE ONLY

Item Returned To: \_\_\_\_\_

Result of Service  
Undertaken: \_\_\_\_\_

Signed \_\_\_\_\_ Engineer: \_\_\_\_\_ Date \_\_\_\_\_

Date Returned: \_\_\_\_\_ Method of Return: \_\_\_\_\_

To Customer: \_\_\_\_\_ Method of Return: \_\_\_\_\_

Invoice/Other: \_\_\_\_\_

Result:

Fault				Goods Saleable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Manufacture	Transit	Customer	Yes	No