

Customer Returns Form

To Sarclad Limited Advanced Manufacturing Park Whittle Way Rotherham S60 5BL United Kingdom		Customer Address Telephone No.	
Date	Purchase Order No.	Your Reference	System Reference <i>e.g. TX1234</i>
Product Type – please tick relevant box: Rolltex <input type="checkbox"/> SCM <input type="checkbox"/> Rollscan <input type="checkbox"/> In-Chain SCM <input type="checkbox"/>			

Items to be returned		
Part No.	Part Description	Qty.
Date item(s) was received	Issue Date	

Reasons for return

- What is wrong with the item(s)?

- How long has this been happening?

- Is an urgent replacement item(s) required? **Yes** **No**
 If yes please indicate course of action you require:

Please state any additional comments in the box below

Action to be taken: (Sarclad use only)

Replacement Repair Credit

Please be advised that there will be a minimum handing charge of £100 GBP unless the item is under warranty.
 By signing this document you are accepting the above terms.

Please Sign and Date:

Print Name: _____ **Signature:** _____

Position: _____ **Date:** _____

