

## EQUIPMENT RETURN FORM

Please complete the requested information below and return the completed form with the equipment.

<b>Contact Details</b>		
Name	Date	
Company		
Address		
Town	Postcode/Zip	
Country		
Email	Telephone	
<b>Purchase Order No.</b>		
<b>Details of Equipment</b>		
Instrument Type	Model	
Instrument Serial No.	Sensor Serial No.	
<b>Reason for Returning</b>		
<input type="checkbox"/> Calibration <input type="checkbox"/> Repair <input type="checkbox"/> Other	Notes	
<b>Return Address</b>		
<input type="checkbox"/>	Tick here if same as <i>Contact Details</i> above	
Name		
Company		
Address		
Town	Postcode/Zip	
Country		
Email	Telephone	
<b>Repairs and Calibrations should be returned to:</b> <b>The Calibrations Department, Shaw Moisture Meters, Len Shaw Building, Bolton Lane, Bradford BD2 1AF England</b>		

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