



**CUSTOMER RETURNS FORM**

Customer Name :		Account No :	
Customer Address :		Delivery Address :	
Contact Name :		Customer ref / Order No :	
Telephone No :	Fax No :	Email :	

**IMPORTANT INFORMATION**

THE INFORMATION BELOW IS REQUIRED BY CRANE MERCHANDISING SYSTEMS TO ENABLE ASSESSMENT OF YOUR PARTS / WARRANTY CLAIM. IF THIS INFORMATION IS NOT SUPPLIED YOUR CLAIM MAY BE DELAYED OR MAY BECOME NULL AND VOID.

Part No	Part Description	Qty	Full Fault Description / Reason For Return <b>Do not just say faulty, U/S etc!</b>	Full Machine Serial Number

C M S – Order reference or Invoice No :  
**Must be supplied if credit is required**

**Reason for Return : Please tick correct box ( One box only )**

Credit: Warranty Part	<input type="checkbox"/>	Credit: Incorrect Part Sent	<input type="checkbox"/>	Replace: Warranty Part	<input type="checkbox"/>
Credit: Deposit Charge / Advance Service Exchange	<input type="checkbox"/>	Credit: Ordered in Error	<input type="checkbox"/>	Replace: Repair / Service Exchange	<input type="checkbox"/>
Other: (Please State )	<input type="text"/>				

PLEASE CONTACT THE WARRANTY DEPARTMENT REGARDING ANY RETURNS PROCEDURE

**CRANE MERCHANDISING SYSTEMS**



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