

## 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 the following address:</b> <b>Shaw Moisture Meters, Network House, 5 Lister Hill, Horsforth, Leeds, LS18 5AZ England</b>	

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