

REFRIGERATION ENGINEERING CO LIMITED

GOODS RETURNED FORM

FROM: Name of Company:

Address:

Original Invoice No:

Contact Name:

Date of Purchase:

Installation Date:

Date of Failure:

NB: WARRANTY CLAIMS ARE NOT CONSIDERED UNLESS THIS FORM IS FULLY COMPLETED WITH INVOICE NO.ETC FAILURE TO DO THIS WILL NULLIFY ANY CLAIM.

ITEMS RETURNED	
Stock No. and Description	
Serial No. if applicable	
Reason for Return (This must be completed)	
Details of Failure (If Faulty)	

COMPRESSORS & MOTORS		
Model:	Serial No:	Compressor Warranty: Yes / No
Seized	Won't Start	Not Pumping
Burnout	Noisy	Short to Earth
Broken Springs	Open Circuit	Low Winding Resistance Start ohms Run ohms
High Current Amps		

OFFICE USE ONLY				
Inspected By	Credit Approved By	Warranty Replacement Invoice No.	Credit Note No. if applicable	Returned to Client Invoice No.