

WARRANTY REPORT  
DATE



**PLEASE FILL IN ALL THE BOXES AND RETURN FAX TO 01553 811004  
INCOMPLETE FORMS WILL RESULT IN A DELAY IN PROCESSING  
ON RECEIPT YOU WILL BE CONTACTED BY A MEMBER OF STAFF TO DISCUSS THE  
BEST METHOD OF RESOLVING THE MATTER**

PRODUCT PART NO AND DESCRIPTION	
SERIAL NUMBER	
Delete as appropriate	
DATE SOLD / DATE RECEIVED	

**DISTRIBUTER DETAILS**

COMPANY & BRANCH	
CONTACT	
TELEPHONE NO	
FAX NO	
COLLECTION ADDRESS	

**DESCRIPTION OF FAULT**

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**COMMENTS**

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**PLEASE STATE YOUR PREFERRED COURSE OF ACTION (subject to MHS authorisation)**

ACTION	TICK	COMMENTS
DISTRIBUTER TO REPAIR (subject to MHS agreement)		
AHL TO SEND PARTS		
MHS TO ARRANGE COLLECTION & QUOTE FOR REPAIR		
MHS TO LOOK AT THE POSSIBILITY OF A WARRANTY CLAIM		
TECHNICAL PHONE CALL REQUIRED? CONTACT & NUMBER FOR CALL		

**FOR MHS USE ONLY**

WCN	
LOGGED BY	
DATE	