

## SF 0006 – Equipment Return and Repair Booking In Form

**Ref number: R**

Customer Contact Name			
Customer Account Number			
Customer Contact Information	Email		
	Fax		
	Telephone		
Fax Number for Quote to be sent to, if different from above			
Return Date Requested			
Equipment Return Address		Billing Address if Different to the Return Address	
		Fax Number	

### Equipment List

Part number & Serial Number	Reported Fault

**Do not fill in below this line – LMW internal use only**

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Other items returned		CRM Updated By	Date Entered
Collected By		Date	
Arranged By			