



Fax to Returns Department  
+44(0) 1223 420164  
E-mail: returns@biochrom.co.uk

## RETURNS REQUEST FORM

Customer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel no: \_\_\_\_\_ Fax no: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Product	Date Purchased
Serial no	Date Last Serviced
Biochrom contact:	

Symptoms of Fault
Fault/Error Codes

A certificate of decontamination status must be supplied with the instrument and a copy attached to this form, before a returns number will be authorised.

Warranty? YES/NO (if NO provide purchase order Number. If YES, contact tech support before returning).

Purchase Order Number:

I confirm that I have read and understood Biochrom's return's terms and conditions\*

Customers Name

Signature

Position

Date