

FAULTY/DAMAGED UPLIFT REQUEST FORM

PLEASE FAX BACK TO 01452 509380 - COMPLETE IN BLOCK CAPITALS

IMPORTANT: PLEASE NOTE THE FOLLOWING WHEN COMPLETING THIS FORM

Products should be in 'new' condition, clean, suitably packaged with all accessories.

ITEMS NOT MEETING THIS CRITERIA MAY BE RETURNED TO YOU

Business Name: _____ Account Number: _____

Date: _____ Collection Address: _____

Post Code: _____

Tel Number: _____ Fax Number: _____

Mobile Number: _____ Email: _____

Proof of Purchase

DAD Invoice Number(CSD): _____ APD: _____

Date Supplied: _____

Consumer Details

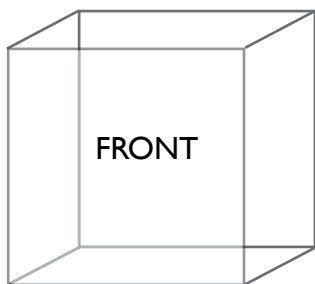
Consumer Name: _____ Date of Purchase: _____

Consumer Address: _____ Post Code: _____

Product Details

Product Make: _____ Model Number: _____

Manufacturer Job/Authorisation Code: _____ Serial Number: _____



PLEASE ILLUSTRATE ON DIAGRAM WHERE THE PRODUCT IS DAMAGED OR EXPLAIN NATURE OF THE FAULT IN FULL

IMPORTANT PLEASE NOTE:

- Damaged goods should be reported on delivery, after this the manufacturer authorisation number will be required.
- The collection of the product does not necessarily imply an agreement to credit the item as we reserve the right to ensure full terms and conditions have been met.

PLEASE FAX US ANY ENGINEERS REPORTS YOU HAVE RECEIVED.

PLEASE ATTACH A COPY OF THE UPLIFT FORM TO THE SIDE OF THE PACKAGED ITEM.

DAD OFFICE USE ONLY

Authorised Collection: _____

Reason for Rejection: _____

Collection Date: _____ Credit Number: _____

Driver: _____ Date: _____ Staff ID: _____