

INFORMATION FROM CUSTOMER

RETURN INFORMATION
Date:
Company:
Reported by:
Reference:
EQUIPMENT
Model no:
Serial no:
REPORTED FAULT + RELEVANT INFORMATION

INFORMATION FROM TERACOM

TEST INFORMATION		
Date Tested:		
Tested by:		
Testing location:		
TEST REPORT		
SOLUTION		
No fault found <input type="checkbox"/>	Item repaired <input type="checkbox"/>	Item replaced <input type="checkbox"/>
CONCLUSION		
Warranty <input type="checkbox"/>	Chargeable <input type="checkbox"/>	Other <input type="checkbox"/>
Other Notes:		
Signed:		Dated: