

## RETURNS FORM

<b>TO:</b> ALPHA ELECTRICS LTD REPAIRS & SERVICE DEPARTMENT UNIT 11 158 TITHE STREET LEICESTER LE5 4BN	<b>JOB REF:</b>  <b>P/O NO:</b>	<b>DATE OUT:</b>
<b>CUSTOMER NAME / ADDRESS:</b>   <b>CONTACT NAME:</b>	<b>CONTACT / TEL:</b>  <b>PH:</b>  <b>FAX:</b>  <b>EMAIL:</b>	<b>SERVICE REQUIRED:</b>  <b>NORMAL</b>  <b>EMERGENCY</b>

**MOTOR / EQUIPMENT DETAILS:**

**MAKE:**  
**TYPE:**  
**SERIAL NO:**  
**QUANTITY:**

**OTHER DETAILS:**

**FAULT DETAILS:**

**NOTES / SPECIAL INSTRUCTIONS:**

**NAME:**

**POSITION:**

**SIGNED:**

**DATE:**

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