



CUSTOMER RETURNS FORM FOR MEI SODECO BNA UNITS

Company Name: _____

Contact Name: _____

Tel No: _____ **Fax No:** _____

BNA Type/Model: _____

Serial No: _____

Customer Purchase Order Number: _____

Type of service required (Please circle service deemed necessary): -

Repair Overhaul Warranty Other

Description of fault (if known): _____

**Configuration: All BNA's will be returned with the following configuration
Unless alternatives are specified below: Same note set 4800 baud rate/slave mode.
(It is the customer's responsibility to supply billset as specified)**

Customer requirement:

Billset required: _____

Baud rate setting: _____

A or S Mode: _____

PLEASE USE A NEW SHEET FOR EACH RETURN

ECS NOTIFICATION OF RECEIPT TO CUSTOMER

Date Goods Received: _____

Date Notified to Customer: _____

Expected date of return: _____