

# REPAIR FORM C099



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## Important Information

If the product is still covered by the guarantee please make sure you include a valid purchase receipt.  
Only include accessories that are necessary for analysing and fixing the problem.  
Please make sure equipment is carefully packed and protected for shipping.  
Please label the packaging Service Dept. and send to: Opticron, Unit 21, Titan Court, Laporte Way, Luton, Beds LU4 8EF  
For more information prior to returning your equipment please telephone our Service Dept. Mon-Fri 0900-1600 on 01582 726522

## Personal Information

Name ..... Date .....

Company name (if applicable) .....

Address .....

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Town/City ..... Postcode .....

Daytime telephone no. ....

Email .....

## Product Information

Product .....

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Purchase date (mm/yy) ..... Retailer .....

Purchase receipt enclosed  Yes  No

Detailed description of problem

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## Return address if different from above

Name .....

Company name (if applicable) .....

Address .....

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Town/City ..... Postcode .....