



Date: \_\_ / \_\_ / \_\_

## Return Form

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Please complete all fields in this form and send it with the product(s) that are being returned.  
All products for return should be sent to:

TPS Service Department  
6/253 Leitchs Road  
Brendale, QLD, 4500

If you have any questions about the returns process, please call us on: (07) 3205 8027

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Calibration report required? (\$70 + GST)

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QTY	CODE	SERIAL NUMBER	PRODUCT DESCRIPTION	DETAILS ON REASON FOR RETURN

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_