



Mastervolt Returns Note RF07/03

This form must be completed and returned with your company paperwork and the faulty unit.

Please return to Aquafax, 1-2 Mitchell Point, Ensign Way, Hamble, Southampton, SO31 4RF & ensure unit is appropriately packed as we will not take any responsibility for damaged caused by your courier

Information marked with a * is mandatory & must be completed

Incorrect or missing information may result in a delay processing your requests

Aquafax Account Number: Company Name: Company Address: Contact Name: (Person Reporting the Fault) Contact Telephone Number: Contact E-Mail:	<u>Shipping Details (If different from Company)</u> Name: Address: Contact Name: Contact Telephone Number:
Mastervolt Part Number: * Mastervolt Part Description: Serial Number (Important): *	Date of Purchase: * Date of Commission: *
Aquafax Invoice Number: * Boat Name & Number (If Applicable) Vehicle Registration (If Applicable)	Aquafax Returns Number: *
Fixed Rate Repair <input type="checkbox"/> Warranty <input type="checkbox"/> New for Old <input type="checkbox"/>	
Fault Description and Additional Comments: Permission to Repair Print Name: _____ Signature: _____ Position: _____ Date: _____ Aquafax to Complete: Unit Has Been Replaced? * Yes/No If Yes, Please Complete Below Invoice No: _____ Part No: _____ Serial No: _____ RMA Number: _____ (This Will Be Given To You When Fault Is Reported)	