



# THE WEST GROUP LTD RETURN REQUEST DOCUMENT



|                            |                      |                            |
|----------------------------|----------------------|----------------------------|
| <b>DATE:</b>               | <b>COMPANY NAME:</b> | <b>CUSTOMER REFERENCE:</b> |
| <b>CONTACT NAME:</b>       | <b>VAT NO:</b>       | <b>ADDRESS:</b>            |
| <b>TELEPHONE:</b>          | <b>EMAIL:</b>        |                            |
| <b>FAO:</b>                | <b>ITEM CODE:</b>    | <b>DESCRIPTION:</b>        |
| <b>ORIGINAL PO NUMBER:</b> | <b>QUANTITY:</b>     |                            |

## REJECTION INFORMATION

REJECTED BY: REJECT DATE: REJECT STAGE: Goods In  Test  In Use

REASON FOR RETURN:

BATCH/LOT NUMBER: SERIAL NUMBER:

## DESCRIPTION OF USE

MEDIA USED: OPERATING TEMPERATURE (MIN/MAX): MAX OPERATING PRESSURE:

COMMENTS:

CUSTOMER SIGNATURE: EMAIL: