

REMESH RETURNS SLIP

PLEASE ATTACH TO PACKAGING WHEN RETURNING FRAMES FOR REMESH

CUSTOMER NAME.....

CONTACT TEL.....

CONTACT EMAIL.....

COMPANY NAME.....

COMPANY ADDRESS.....

.....POSTCODE.....

MICRON SIZE(S) REQUIRED.....

.....

MACHINE MODEL/SERIAL NUMBER.....

ADDITIONAL DETAILS.....

.....

.....

SIGNED.....DATE.....

