Montpellier

COMPLETE IN BLOCK CAPITALS

Faulty / Damaged Uplift Request Form

SECTIONS MARKED * MUST BE COMPLETED

Incomplete sections shall be rejected and will

PLEASE RETURN TO: returns@montpellier-appliances.com

Products should be in 'as new' condition, clean, suitably

RETURNS NUMBER: 03333 234 473 opt. 3-2-3

Visable box damage must be reported within 72 hours of delivery.		lead to a delay in collection and credit						
			/a/Repa risation					
* *Pleas approp	e tick as priate.	NEW	FA IN:	AIL ON STALL		WARRANTY APPROVED CREDIT	DAMAG	ED
ACCOUNT NUMBER BUSINESS N	IAME							
*							*Damage allowa considered?	nce
COLLECTION ADDRESS		TELEP	HONE N	IUMBE	ER .	*		
*		MOBIL	E NUMI	BER				
		FAX N	UMBER					
		EMAIL	ADDRE	SS				
POST CODE *	*	ŧ						
PROOF OF PURCHASE								
Montpellier Invoice CMD / AMD No. or Montpellier Direct Order No.			D	ate Sup	plied	*		
CONSUMER DETAILS								
Consumer Name *			D	ate of P	urchase	*		
Consumer Address *								
			Р	ost Cod	le	*		
Consumer Repair (Yes/Returned) *								
PRODUCT DETAILS								
Product Make *		Model N	lumber		*			
DETAILED INFORMATION EXPLAIN IN FULL DETAIL Lack of detail will mean th this form shall be rejected	at	Serial N	umber		*			
*								
							*Ready for collection?	
IMPORTANT PLEASE READ:								
Damaged goods should be reported upon delivery, after this the manufacturer authorisation	on number will be requ	ired The colle	ection of the p	roduct				

PLEASE EMAIL US ANY ENGINEERS REPORTS YOU HAVE RECEIVED. PLEASE ATTACH A COPY OF THE UPLIFT FORM TO THE SIDE OF THE RETURNED ITEM.

does not necessarily imply an agreement to credit the item as we reserve the right to ensure full terms and conditions have been met.