FAST-STAT

Nordic Electronics Ltd.

WARRANTY / RETURNED GOODS FORM

(attach to items returned)

SERVICE TECHNICIAN SECTION

Date Installed _____ Date Removed_____

Company Name _____

Company Address _____

Company Telephone _____ Contact Name _____

Reason For Return (be specific) _____

_____

_____

_____

_____

_____

_____

_____

WHOLESALER SECTION

Company Name _____

Address _____

Telephone _____ Contact Name_____

Return Item replaced with _____

Wholesaler order number_____