

Returns Number (R.A.N):

Order Number:

### *Customer Details*

Full Name:

E-mail Address:

Telephone Number:

COMPLETE ALL INFORMATION ON THIS FORM. RETURNS CANNOT BE ACCEPTED WITHOUT VALID R.A.N.  
LABEL OUTER PACKAGE AS "RETURNED GOODS" AND SEND TO:  
LEAMAN COMPUTING LTD  
ASQUITH HOUSE, UNIT 1  
DYFRIG ROAD.  
CARDIFF. CF5 5AD. U.K.

Description of returned product(s):

*Include serial numbers where applicable*

Full description of problem:

### **STAFF USE ONLY**

Received and checked by:

Date received:

Accessories received:

Condition of product(s) received:

Fault confirmed:

Date processed:

Processed by: