Aquafax

Mastervolt Returns Note RF07/02

This form must completed and returned with your company paperwork and the faulty unit.

Please ensure the returned unit is sufficiently packed as we will not take any responsibility for damaged caused by your Courier

Information marked with a * is mandatory & must be completed

Incorrect or missing information may result in a delay processing your requests

Aquafax Account Number: Company Name: Company Address: Contact Name: (Person reporting the fault) Contact Telephone Number: Contact Fax Number:	**Shipping Details** (If different from Company) Name: Address: Contact Name: Contact Number: Contact E-Mail
Mastervolt Part Number:* Mastervolt Part Description: Serial Number (Important):*	Date of Purchase:* Commision Date:*
Aquafax Invoice Number:* Boat Name & Number (if applicable): Vehicle Registration (If Applicable):	Aquafax Returns Number:*

Repair & Return	☐	Fixed Rate Repair	☐	Replacement	☐
Warranty	☐	Quotation Only	☐		☐

Fault Description and any Additional Comments:

Has Unit Been Replaced?* Yes/No If Yes, Please Complete Below

Invoice No: Part No: Serial No:

RMA Number:
(This will be given to you when fault is reported)