

RETURN NOTE

RETURN ADDRESS:
Unit 9, Fifth Avenue,
Bluebridge Industrial Estate
Halstead, Essex,
CO9 2SZ, UK
TEL: +44 (0) 1787 479 475
E: sales@meditech.uk.com

To Return for Credit or Exchange: All returned products are subject to inspection and approval by BNOS Meditech Ltd prior to credit or replacement. All returns may be subject to a minimum 25% restocking fee. All returns for credit will be issued to the payment card or account that was used to place the original order. Returned products that are not in a resalable condition will be returned to customer or a refurbishment fee will be assessed and chargeable to the customer.

To Return for Repair, Recalibration or Service: BNOS Meditech Ltd will not receive any used products or products requiring repair without a customer's signed decontamination form on file. Non-warranty repairs require a credit card or purchase order upon shipping back to the customer. Repair estimated time can be provided upon request. If providing payment information prior to repair, please contact a member of our team via the information below;

email: sales@meditech.uk.com phone: +44 (0) 1787 479 475 Fax: +44 (0) 1787 477747

Customer Information

Contact Name: Company Name: Customer Address:	
Phone: Email:	Original Purchase Order Number:
Return Shipment Details	Return to same address <input type="checkbox"/>
Contact Name: Company Name: Customer Address:	

Returned Products

Part Number	Description	Serial Number	Quantity

Reason For Return

Return for Credit <input type="checkbox"/>	Exchange <input type="checkbox"/>	Repair <input type="checkbox"/>	Recalibration <input type="checkbox"/>	Service <input type="checkbox"/>
Other <input type="checkbox"/> Please specify				

Decontamination Check

BNOS Meditech Ltd will not accept delivery of any equipment that contains or is contaminated with hazardous substances unless there is a prior agreement. Please make sure all items are properly cleaned and decontaminated **PRIOR** to returning to BNOS Meditech Ltd. Contaminated items will be rejected and returned to the customer at the customer's expense.

Is the equipment contaminated? Yes ☐ No ☐ Unknown ☐

Has the equipment been decontaminated? Yes ☐ No ☐

What method of decontamination has been carried out? non-Clinical Wipe ☐ Clinical Wipe ☐ Sterilisation ☐ Other ☐

Please confirm your method of decontamination:

If the equipment has not been decontaminated, please specify:

Your signature below certifies that the equipment has been decontaminated of any hazardous substances and are not dangerous to our staffs health and safety:

Signature:-

Date:-

RECEIVED BY:

DATE:

Please provide a physical copy of this form within the returning box of products.

