



**CONTACT NAME**

FIRST NAME

LAST NAME

**EMAIL**

**PHONE NUMBER**

**ADDRESS (WHERE RETURN WILL BE SENT TO)**

BUSINESS NAME / BUILDING NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

REGION

AREA CODE

COUNTRY

**UNIT SERIAL NUMBER (IF AVAILABLE)**

**UNIT TYPE (TICK BOX)**

- |            |                          |            |                          |
|------------|--------------------------|------------|--------------------------|
| MPL50B     | <input type="checkbox"/> | BSU2-50    | <input type="checkbox"/> |
| MPL50 - LI | <input type="checkbox"/> | BSU2-125   | <input type="checkbox"/> |
| SPIC-50    | <input type="checkbox"/> | SSU2-50    | <input type="checkbox"/> |
| CDU-1      | <input type="checkbox"/> | CSU2-50    | <input type="checkbox"/> |
| DUO 12/24  | <input type="checkbox"/> | MPL10A     | <input type="checkbox"/> |
| MPL80      | <input type="checkbox"/> | MPL20A     | <input type="checkbox"/> |
| BSU3-125   | <input type="checkbox"/> | BSU4-50/50 | <input type="checkbox"/> |
| BSU2-90    | <input type="checkbox"/> | SSU2-50/S  | <input type="checkbox"/> |

**PLEASE DESCRIBE THE ISSUE**

PLEASE FILL IN ALL DETAILS ON THIS FORM AND SEND TO: ADMIN@TRACTION-DIRECT.COM

PLEASE ALSO SEND ANY RELEVANT DOCUMENTS.



**TRACTION DIRECT  
REPAIRS RETURN**

