



CONTACT NAME

FIRST NAME

LAST NAME

EMAIL

PHONE NUMBER

ADDRESS (WHERE RETURN WILL BE SENT TO)

BUSINESS NAME / BUILDING NAME

ADDRESS

CITY / TOWN

REGION

AREA CODE

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 YOUR DETAILS AND SEND THE FAULTY UNIT PLUS THIS FORM TO:

TRACTION DIRECT SERVICE CENTRE
C/O ELEMENT 82
235G BUSH ROAD
ROSEDALE
AUCKLAND
0632



**TRACTION DIRECT
REPAIRS RETURN**

