HAGAR DISTRIBUTION

RETURN REQUEST FORM

Client Information:

Company Name:_____

Contact Person:_____

Contact Number:_____

Email Address:_____

Returned To Hagar:

Hagar use:

Final INA:_____

Credit Note:_____

Warehouse Approval:_____

Management Approval:_____

Approval Date:_____

To be Repaired: ☐ To be Credited: ☐

Product Information:

Part Number & Serial Number	Invoice Number	Full details of fault/s experienced	(Hagar use) Hagar comment	(Hagar use) Repair Number

Hagar use:

Received by: _____

Signature: _____

Client use:

Received from: _____

Signature: _____

Drop off Date: _____