

<b>CUSTOMER FEEDBACK FORM</b>	<b>Document Control Use Only</b>	
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	Approved By	John Boulter

Section 1: Company Details			
<b>Company:</b>		<b>Date:</b>	
<b>Contact Name:</b>			
<b>Email:</b>			
<b>Purchase Order:</b>		<b>Or Job Number:</b>	
<b>Sales Manager:</b>			

Section 2: Feedback Details		Photos added: <input type="checkbox"/> Yes <input type="checkbox"/> No

Returning Product		No	Qty:	PN:	Description	Serial No:	For Credit	For Refund	For Repl. Part	Invest. Only
Y	N									
<input type="checkbox"/>	<input type="checkbox"/>	1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Additional Required Information		
<b>AusProof Shipment Charge</b>		<b>Customer Shipment Charge</b>
<input type="checkbox"/> Incorrectly Shipped	<input type="checkbox"/> Incorrectly Supplied	<input type="checkbox"/> No Needed
<input type="checkbox"/> Repair	<input type="checkbox"/> Non-Conformance	<input type="checkbox"/> Incorrectly Ordered
<input type="checkbox"/> Quality Of Performance	<input type="checkbox"/> Under Investigation	<input type="checkbox"/> Other
<b>Sales Additional Comments:</b>		