



A DISTRIBUTION **NOW** COMPANY

COMPANY:

CONTACT NAME:

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DATE:

## PRODUCT SERVICING FORM

**PLEASE ENSURE THIS DOCUMENT IS SIGNED AND RETURNED TO JORDAN ROGERS AT THE OASIS SERVICE CENTRE.**  
The signed document should be included in the parcel and sent to the address below. A copy should be sent to UKServiceCentre@dnw.com.

LINE ITEM NUMBER	DESCRIPTION OF GOODS	SERIAL NUMBER(S)	TASK FOR OASIS TO CARRY OUT (TEST, INSPECT, CLEAN, ETC)
1			
2			
3			
4			
5			
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7			
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10			
11			
12			
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20			

CUSTOMER SIGNATURE:

Affix the label below to the **outside** of your parcel to ensure it is received and processed by the correct department.

**PLEASE RETURN THIS DOCUMENT TO:**

JORDAN ROGERS  
OASIS SERVICE CENTRE  
NEWCOMBE ROAD  
LOWESTOFT  
SUFFOLK NR32 1XA  
UKSERVICECENTRE@DNOW.COM

REVISED 19/05/2017 ISSUE 2

### **OASIS PRODUCT SERVICING**

FAO JORDAN ROGERS  
**OASIS SERVICE CENTRE**  
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