



Card Check Form

Installer Information

Company:

Returns Address:

Contact Name:

Contact Number:

Email address:

Please supply card credentials (i.e. Mifair, DESFire 0.6 etc):

Please send a copy of this form and your card to:

ievo Ltd, Unit 5, Mercury court, Orion Business Park, Tyne Tunnel Trading Estate, Tyne and Wear, NE29 7SN

For ievo Ltd use only (please leave blank)

Received Date:

By Whom:

Card information check for Pass through:

Passed

Failed

Info:

Card information check for template on card:

Passed

Failed

Info:

Completed by (ievo staff member name):

Returned date:

A copy of the assessment form will be attached with the returned goods and emailed to the provided email address and the relevant **ievo** account manager. Goods will be returned by standard 2nd Class post after assessment to the provided returns address. **ievo** Ltd is not liable for any loss or damage during or after delivery of returned goods.