

Date:

GOODS RETURNS / CREDIT FORM

No.

Please complete Parts 1 – 7 and fax back to: 0800 634 6409 for approval and we will confirm the details to you A.S.A.P.

1a. Name
1b. Address
2. Contact Name

3. Tel/Mobile No.
4. Fax No.
5. Delivery/Invoice No. & Date

6. Quantity	Code	Description	Bis ✓	Price	11. RS Amount

7. Reason for Return

Total £	Total £
Returns carriage if applicable	£
Grand Total	£

8. Re-Stocking Charge to Customer if Applicable	%	£
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9. Amount of Credit Due to Customer	£
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10. Credit Issued Tick Box	Yes	No	Date	No.
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