



Customer Returns Form

To be completed by the customer. The collection may be delayed if not fully completed

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|-----------------------|--|
| Customer : | <i>Internal Use Only - Returns Authorisation</i> |
| Location : | Rep : |
| Date for collection : | Returns Dept: |

| Item | Product code / Description | QTY. | Good or Faulty | Reason of Return |
|------|----------------------------|------|----------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |

Please box/bag all returns so none will be lost or mixed up in transit.

Please ensure that the goods are ready at the collection address from the date you supply for the van driver (DAVE) to collect.

Please complete this document and hand it to your REP to be sorted

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|------------|------|------------------|------|
| Print Name | Sign | Contact Tel. No. | Date |
| | | | |