Returns Authorisation Form

Company:

Telephone Number:

Fax Number:



RN:

Returns Note Number



| Product Code | Inv/Del | Quantity | Serial No. | Reason for Return |
|----------------|--------------|---------------|------------------------|--|
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| PLEASE NOTE | E! | | | |
| | | | | tion and number issued by us against the Sales Invoice umentation to avoid any delay. |
| 2: A 20% Hand | dling charge | will be levie | ed where no fault is f | ound. |
| | | | | rned in good condition, complete with all display cartons, ion, less a 20% restocking charge |
| 4: We do not a | ccept items | returned da | amaged, unless repo | rted to our sales office within 5 days of delivery. |
| | | | | g and transport costs, please ensure that all returns are with the returned goods. |
| | | | | |

Office Use Only

Warehouse Use Only