

RETURNS FORM



Cust Name	
Address	
Postcode	
Tel No:	

Return To : 27a Fife Street ,Gateshead,Tyne & Wear,NE8 3RR		Returns Date :	
Supplier :		Invoice Date :	
Invoice # :		Order # :	
Product :			
Serial # :		PID :	
Reported fault :			
Action Taken :			
Date Tested :			
Tested by :			
Fault Found :			
Decision Taken :			
Progress Update :			
Conclusion :			

Contact :.....

Collected by :.....

Please note that any goods returned with missing parts or defective packaging will be returned in the same condition as they were received, no refund will be given on any goods that are not in a re-saleable condition or damaged packaging. These are the terms of our returns policy.