## **RETURNS FORM** CDK TOOLING DEPARTMENT



Please fill in this document and include in the package being returned Address for return - 2/40 Canaveral Drive, Rosedale, Auckland, 0632

## **Company Details:**

Company Name:	
Contact Name:	
Contact Email:	
CDK Invoice Number:	

<b>Reason for Return</b> (Please Tick Relevant Box)						
Returned for Repair	Sent in error	Ordered in error/ Not required				

## **Product Details:**

To be completed by person returning product			CDK Office staff to complete			
CODE	PRODUCT DESCRIPTION	QTY		RECEIVED	DATE	
			1			
			1			
			1			
			1			

Description of faulty (if Returned for Repair)	
	Signature and stamp
TO CONFIRM AND ACCEPT: Return this document to CDK Stone with signature and company stamp within the returns package.	