



GOODS RETURN REPORT

FORM TO BE COMPLETED IN FULL OTHERWISE IT WILL NOT BE PROCESSED

GOODS RETURNS NO:	DATE RAISED:
Customer Name:	
Customer Purchase Order Number:	
Invoice Number:	Invoice Date:
Reason for Return:	
(Recipients) Action Taken:	Tested / Return to Shelf
20% Restocking fee	Returned / Credited / Replaced

GOODS SHOULD BE SUITABLY PACKAGED AND ADDRESSED TO:

FAO:

UNIT 11 VALLEY FARM BUSINESS PARK, MELDRETH, ROYSTON, HERTFORDSHIRE, SG8 6JP

PLEASE NOTE: GOODS WILL NOT BE ACCEPTED WITHOUT THIS GOODS RETURN REPORT INCLUDED WITH THE GOODS AND THE RETURNS NUMBER STATED ON THE OUTSIDE OF THE PACKAGE

THIS GOODS RETURNS NUMBER IS VALID FOR 28 DAYS FROM ISSUE