



FORM 1

GOODS RETURN FORM

CUSTOMER DETAILS,
 NAME.....
 ADDRESS.....

 CONTACT NUMBER.....
 DATE.....

GOODS RETURN NUMBER

CUSTOMER REFERENCE

PART NUMBER	QTY	INVOICE NUMBER	NO LONGER REQUIRED	WARRANTY (SEE FORM 2)	OTHER REASON

**NON COMPLETED FORMS WILL NOT BE PROCESSED.
 PARTS SUPPLIED CORRECTLY WILL INCUR A 15% RE-STOCKING CHARGE.
 FORM 1 AND 2 MUST BE COMPLETED FOR WARRANTY RETURNS.**

GOODS RECIVED BY..... DATE.....