

CUSTOMER DETAILS

Company: _____

Contact: _____

Phone: _____

Email: _____

GOODS RETURN REQUEST FORM

Invoice No: _____

Invoice Date: _____

Project: _____

PO #: _____

PRODUCT DETAILS

| QTY | DESCRIPTION OF GOODS |
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REASONS FOR RETURN (Please circle number)

- Goods are faulty/ damaged** - Give details below and send photos.
Note: Transit damage claims cannot be accepted if customer freight was used.
- Goods are not required** - Give details below.
Note: Re-stocking fee may apply - please see GRA for details
- Other** - Give details below.

Comments: _____

