relcross door controls

distributors of LCN DOOR CLOSERS

Return of Goods Request Form

(Valid for 30 days from this date. Goods must be returned within that time)

Date: _____

Company: _____

Contact Name: _____

Address/Customer No.: _____

_____

_____

E mail adress _____

Customer Reference: _____

Description of Goods (inc. finish & hands where applicable)

_____

_____

General State of Repair: _____

Date Purchased: _____

Invoice No.: _____

Advice No.: _____

Reason for Return: _____

_____

_____

_____

_____

Returns will be accepted subject to inspection & relevant handling charge. Please quote authorisation number below.

For Office Use Only:

Relcross Door Controls Authorisation Number:

Handling Charge:

Date:

Signed:

Director