



CUSTOMER RETURNS FORM

Date: _____
 Employee Name: _____
 Returns Number: _____

Contact Name: _____

Company Name: _____

Telephone No: _____ Our Delivery Note No: _____
 (If applicable)

ITEMS RETURNED

Part No. (if applicable)	Qty	Reason for return (Use codes below)
1.	()	()
2.	()	()
3.	()	()
4.	()	()

Reason for return codes

- | | |
|-----------------------------|-----------------------------|
| (1) Fault with product | (5) Products not suitable |
| (2) Quality issue | (6) Servicing / Repair |
| (3) Ordered in error | (7) New development |
| (4) Products not suitable | |

For all codes please give details of problem:

Thank you for completing this form, it will help us to process your return.

Please include this form with the goods you are returning.

Some customer returns may incur a handling charge, all returns are subject to RT Quaife Engineering Ltd Conditions of Sale as stated on our order acknowledgment and invoice.

For office use only:

New order raised	
FOC order raised	

Credit required	
YES	NO

Handling charge	
YES	NO

Comments:

Signed off by:

Date: