

Returns Form



INSTRUCTIONS FOR CUSTOMER

1. Please remove all original labelling and re-label to: **FREEPOST RLTK-HSRX-ARCB, Promedics Orthopaedic Ltd, Returns Dept, Block 7, Port Glasgow Industrial Estate, Gareloch Road, Port Glasgow, PA14 5XH**
2. Include this form with your returned goods.
3. Include your despatch note with your returned goods.
4. All goods must be returned in original packaging & must be in a resalable condition.

5. Please tick reason for return:

Refund Exchange Faulty

6. Please provide any additional details below about your return/exchange/faulty item if required:

7. Please enter your name, email address and telephone number below

Customer name:

Email:

Telephone:

8. When returning goods, please retain proof of postage. If the item is too large for standard post, please contact us on 01475 746 400.

FOR OFFICE/WAREHOUSE USE ONLY

Return received by: _____ Date: __/__/__ Returns No: _____ Location: _____

Reason:

| | |
|------|-------|
| QTY: | CODE: |
|------|-------|

| | |
|------|-------|
| QTY: | CODE: |
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| | |
|------|-------|
| QTY: | CODE: |
|------|-------|

Credit note raised: CN

| | Yes | No |
|-------------------------|--------------------------|--------------------------|
| Exchange arranged? | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit required? | <input type="checkbox"/> | <input type="checkbox"/> |
| Checked by: JG | | |
| Confirmed by: SC _____ | Date _____ | |
| Production: SO/MM _____ | Date _____ | |
| Authorised by: CF _____ | Date _____ | |