

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, telephone number and order number below

Customer name:	
Email:	Telephone:
Our Order Number:	Your Order Number: WEB

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:

Return Reference: PR

QTY:	CODE:
QTY:	CODE:
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:		
Customer Services:	_____	Date _____
Finance:	_____	Date _____
Production:	_____	Date _____