

# 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									
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Exchange arranged?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Credit required?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		Yes	No	Exchange arranged?	<input type="checkbox"/>	<input type="checkbox"/>	Credit required?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No								
Exchange arranged?	<input type="checkbox"/>	<input type="checkbox"/>								
Credit required?	<input type="checkbox"/>	<input type="checkbox"/>								
QTY: _____	CODE: _____									
QTY: _____	CODE: _____									
QTY: _____	CODE: _____									
Credit note raised: CN	Checked by: _____ Customer Services: _____ Date _____ Finance: _____ Date _____ Production: _____ Date _____									