

Return of Goods Request Form

(Valid for 14 days from this date. Goods must be returned within that time)

Date: _____

Company: _____

Contact Name: _____

Address/Customer No.: _____

E mail address: _____

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 authorization number below.**

For Office Use Only:

relcross door controls® Authorization Number:

Handling Charge:

Signed:

Date:

Director