

## FAULTY GOODS RETURNS FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ NO: \_\_\_\_\_ POST CODE: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

BRAND <i>please tick box of relevant brand</i>		
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ITEM DESCRIPTION	QUANTITY	FAULT OR REASON FOR RETURNING	WHERE ITEM WAS PURCHASED	DATE OF PURCHASE

ANY FURTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

- PLEASE REMEMBER TO ATTACH TWO IMAGES/PICTURES WITH THIS FORM**
- 1) AN IMAGE OF YOUR PROOF OF PURCHASE
  - 2) AN IMAGE OF THE FAULTY ITEM