

GOODS RETURN FORM

Before returning any item(s) it is important that you email a copy of this form to info@groupscs.co.uk You will then receive a reference number along with instructions on how to return goods.

List all items being returned individually using relevant reason codes (key below).

Please complete all sections, including serial numbers where relevant.

	<u> </u>	I					
Company Name:		Account Number:					
Address:							
Contact N							
Contact N	lumber:						
Email:							
Your Web Order or PO Number:							
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Product Code	Serial Number		Item Description		Reason Code	Description of Fault (if relevant)	
*Please use a separate sheet for additional items. Total Number of Items:							
Reason Codes							
A: Damaged Goods							
B: Incorrect Goods (unopened and returned within 30 days of delivery)							
	•	•		ed within 30	days of de	livery)	
D: Faulty	Goods W	ithin Warra	nty Perio	od			
				n the warran		ill be tested by the manufacturer and	d may incur a
· ·		•	Ū		o. 000		
Please reta	in this for	m for your	records.				
For intern	al use:						

Return Number: