

# Goods Return Form

Before returning any item(s) it is important that you email a copy of this form to [info@groupscscs.co.uk](mailto:info@groupscscs.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.

|  |  |                        |  |
|--|--|------------------------|--|
| <b>Company Name:</b>                         |  | <b>Account Number:</b> |  |
| <b>Address:</b>                              |  |                        |  |
| <b>Contact Name:</b>                         |  |                        |  |
| <b>Contact Number:</b>                       |  |                        |  |
| <b>Email:</b>                                |  |                        |  |
| <b>Your Returns Reference (if required):</b> |  |                        |  |

| Product Code | Serial Number | Item Description | Reason Code | Description of Fault (If relevant) |
|--------------|---------------|------------------|-------------|------------------------------------|
|              |               |                  |             |                                    |
|              |               |                  |             |                                    |
|              |               |                  |             |                                    |
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|              |               |                  |             |                                    |
|              |               |                  |             |                                    |
|              |               |                  |             |                                    |

\*Please use a separate sheet for additional items

|                              |  |
|------------------------------|--|
| <b>Total Number of Items</b> |  |
|------------------------------|--|

| Reason Codes                                     |                           |
|--|---------------------------|
| <b>A) Damaged Goods</b>                          | <b>B) Incorrect Goods</b> |
| <b>C) Not Required (Please give explanation)</b> |                           |

Please retain this form for your records.

**For internal use.**

**Return Number:**