RETURNS FORM

Customer:
Address:
Account No:
Customer Tel No:
Customer Fax No:

Returns No:	

PLEASE TICK APPROPRIATE BOX

PRODUCT DESCRIPTION	YKW CODE	INV NO	INV DATE	QTY	REASON FOR RETURN	CREDIT	REPLACE

Date of Action		**Tested By:-**	**Date**	
		Approved by:		
		Action By:	**Date**	