

GOODS RETURN FORM

INVOICE NUMBER:

ORDER NUMBER:

NAME:

PHONE NUMBER:

EMAIL:

OFFICE USE ONLY

Debtor Code:

Return/Pick UP Date:

Address:

MANIFEST	SHIPPING LABEL	INVOICE	RETURNS FORM	PUT INTO GOSSIP

AUTHORISED BY

DATE:

ITEM CODE	ITEM NAME	QTY	REASON FOR RETURN (CUSTOMER PLEASE FILL IF BLANK)	NOTES	RESOLUTION (PLEASE WRITE: EXCHANGE, REFUND, CREDIT OR OTHER (EXPLAIN))