



# CUSTOMER RETURNS FORM

<b>Customer Name:</b>	
<b>Customer Address:</b>	
<b>Customer contact Numbers:</b>	
<b>Customer Email Address :</b>	

<b>Manufacturer:</b>		<b>Product:</b>	
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<b>AR Number please make sure this is visible on the outer packaging:</b>		<b>Returning Date:</b>	
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<b>Invoice Date:</b>		<b>Original Invoice Number:</b>	
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**Please Tick One of the following to help us:**

<b>New Faulty</b>	<b>Faulty Warranty</b>	<b>Wrong Product</b>	<b>No Fault</b>	<b>Unused</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of Fault:**

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