RadioTrade Returns Form

SECTION 1 - CUSTOMER TO COMPLETE   DATE: _____

Customer Name:

Contact Name:

Telephone Number:

Email Address:

PO/Order Number:

Product/Part No. and Quantity

Reason for Return:

Replacement Order Required: Yes/No

Item Returned for Credit: Yes/No

Please clearly mark the outside of the package: Returns (Your Name) and PO number

SECTION 2 - For Internal Use Only
REPAIRS TEAM TO COMPLETE

Visual Check Completed - Comments

SECTION 3 - ACCOUNTS / ORDER MANAGEMENT

If credit required, please pass to Accounts or return form to Order Management to file

Credit Raised: YES/NO

Date Returned to Stock: