



Customer Returns Form

+44 (0) 1952 288999 www.spservices.co.uk

If you wish to return an item to us, please call or email us for a returns authorisation number.
Please Note: On receipt of your form a Customer Service Operator will contact you to discuss your return.

N.B. NO GOODS ARE TO BE RETURNED UNTIL YOU HAVE BEEN CONTACTED BY A CUSTOMER SERVICES OPERATOR
PLEASE BE SURE TO WRAP ALL RETURNED ITEMS IN A SIMILAR CONDITION TO HOW THEY ARRIVED INCLUDING ALL PRODUCT PACKAGING

Account Name:	Contact Name & Position:	
Address:		
	Postcode:	Telephone Number:
Original Invoice / Order No:	Date of Return:	
SP Product Code Returning:	Quantity:	

Reason for Product/s being returned - Please tick the relevant box & state reasons where applicable.

No Longer Required*:	<input type="checkbox"/>	Damaged: (Full description required)	<input type="checkbox"/>
Ordered Incorrectly*:	<input type="checkbox"/>	Repair of Goods: (Please state reason)	<input type="checkbox"/>
Incorrect Goods Received:	<input type="checkbox"/>	Not Suitable*: (Please state reason)	<input type="checkbox"/>
Incorrect Invoice:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Invoice Correct	<input type="checkbox"/>		
Goods Incorrect:	<input type="checkbox"/>		

*** Please Note:**
If the item(s) are no longer required, ordered incorrectly or no exchange is required a restocking fee will be applied in line with our terms and conditions.

Operator :	
Code:	
Date:	

Customer Signature:	<input type="text"/>	Date:	<input type="text"/>
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Please indicate the action you require to be taken - If you're returning your goods for repair leave this blank.

Replacement Order Placed (Please tick):	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	Credit Note Number:	<input type="text"/>
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*If you require a Replacement Order please confirm your requirements in the Customer Comments box below.

Customer Comments:	<input type="text"/>
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Method of Collection

ADMIN USE ONLY

Collected By:	<input type="text"/>						
Returned to Stock:	<input type="checkbox"/>	Returned to Supplier:	<input type="checkbox"/>	Credit Processed:	<input type="checkbox"/>	Re-order Placed:	<input type="checkbox"/>

Summary of any Investigation / Comments:	<input type="text"/>
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