



RETURNS FORM

Please ensure this document is contained within the package and the enclosed label is on the outer box

Acc. Number

Return Number

RMA

Customer Details

Company Name

Contact Name

Site Address

Postcode

Telephone

Email address

Return Details

Item for return

Quantity

Reason for return

Item for return

Quantity

Reason for return

Item for return

Quantity

Reason for return

Signature

Date

Print name

Sending via Royal Mail (tracked)

Sending via other Courier (tracked)

go2 telecom use only

Replacement required

Date kit received back to go2

/ /

Credit required

Sagepay

Account credit

BACS

Re-stock

Return to supplier

Name of supplier

go2 P/O number

Date processed

/ /

Processed by

Received with accounts

/ /

GO2 TELECOM LIMITED · LOWTON BUSINESS PARK · NEWTON ROAD · WARRINGTON · WA3 2AP

01925 768250 sales@go2telecom.co.uk www.go2telecom.co.uk

All items should be returned in original packaging, please ensure the items returned are trackable and packaged securely to avoid damage. Please refer to our terms and conditions on our website: www.go2telecom.co.uk/terms-conditions