

RETURNS / REPAIRS FORM



Please complete and attach to your Return / Repair Item.

CUSTOMER INFORMATION

Customer Name	
Delivery Address	
Post Code	
Telephone No.	
E-Mail Address	
Order, VL or Account Number	

ITEMS SENT

<u>Item Returned</u>	<u>Qty</u>	<u>Reason for Return</u>	<u>Action Requested</u>

X POLE USE ONLY

Date Received	
Action	
Date Dispatched	
Technician	

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