

Customer Returns Form



Returned goods are for: -

Customer's Name		Customer Ref. No.		Date	
Contact Person		Purchase order No.			
Telephone		Fax			
Delivery Address					

Product Details (Please provide details on all items returned)

Item number & Description	Qty	Item Number & Description	Qty
Date of Purchase		Invoice Number/s	
Description of Fault/s			
Other details/comments			

Return goods to : **MediParts - ActivTec Solutions**
 379 Thynne Road
 Morningside QLD 4170

Important: Inspection Charges may apply for items returned where there is no fault found or the repair is not approved