11 Sherborne Street Manchester M3 1JS
Tel: 0161 831 7879
Fax: 0161 835 2125
E-Mail: eurosonic@europasonic.com

Returns Request

CUSTOMER NAME: _____ **CUSTOMER ACCOUNT NO:** _____

RETURNS CONTACT: _____ **TEL NO:** _____ **FAX NO:** _____

EUROSONIC MODEL NO:	DESCRIPTION:	INVOICE NO:	INVOICE DATE:	QUANTITY TO RETURN:	REASON FOR RETURN:

TOTAL NO OF CARTONS: _____

PLEASE NOTE: WEIGHT PER CARTON MUST NOT EXCEED 10KG

FOR OFFICE USE

PROCESSED BY : _____ **AUTHORISED BY :** _____

RAN NO: _____ **WEIGHT:** _____ KG **ACTION TAKEN: REPLACEMENT** ☐ **REPAIR** ☐ **CREDIT** ☐ **VALUE:** £ _____