

Returns Form

Company Name:

Account Number:

Date of Returns Request:

Return Requested by:

Authorised By (Magnalux):

Customer PO No.	Magnalux Invoice No.	Date Ordered	Quantity	Product Code	Description	Price	Reason for Return

Goods to be collected By Magnalux

Yes

☐

No

☐

Damages or shortages will only be acknowledged for 5 working days from receipt of delivery.

Goods returned 'no longer required' will only be accepted back in sellable condition and will be restocked at a 25% handling charge.

Your credit will only show on your account when the goods have been received back to our Magnalux warehouse (Address is below).

Magnalux Received By: _____

Date: _____

www.magnalux.co.uk

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