

# Returns Form



Please include this form along with your returns to:

**MC Repairs Ltd, 1 Avroe Crescent, The Pavilions, Blackpool, Lancashire, FY4 2DP.**

- Failure to complete this form fully or follow this process may cause delays in processing your returns.
- Please pack your items well within an outer box before sending back to ensure no damage will occur.
- Unless returned for repair or as faulty, items must be received in the original packaging and in a resalable condition.

**Customer Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_

Account Ref: \_\_\_\_\_

Invoice Number:	Quantity:	Description:

**Reason for return (Please tick as applicable)**

<input type="checkbox"/> Ordered in error by Practice	<input type="checkbox"/> Faulty item	<input type="checkbox"/> Credit
<input type="checkbox"/> Item does not match invoice	<input type="checkbox"/> Back-order item no longer required	<input type="checkbox"/> Replacement
<input type="checkbox"/> Wrong item sent	<input type="checkbox"/> Repair	<input type="checkbox"/> Repair
<input type="checkbox"/> Received damaged		

**If an item is faulty or requires repair, please describe the fault here:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Decontamination Declaration**

I certify that all contaminated items contained within this package have been sterilised by autoclave.

Signed by Dentist: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date received: \_\_\_\_\_

Received via: \_\_\_\_\_

Postage Cost: \_\_\_\_\_

Postage credited: \_\_\_\_\_

Credit Number: \_\_\_\_\_

Notes: \_\_\_\_\_