

Goods Return Note

RETURN DATE

Invoice Number:

Company:

Name:

Address:

Post Code:

Returned item details:

Quantity

Product ID:

Price

Total Items:

Reason for return:

Enclose the Return Form and a copy of the invoice along with the merchandise packed in the original manufacturer's packaging & condition they were received in.

*** Please note ALL Parcels must be packaged up in Clear Tape ONLY . If not then a handling charge of 30% will be deducted from the refund ***

Return your items to:

Instalights
Sefton Business Park
Sefton Street
Heywood
OL10 2JF