

DVS STOCK RETURN FORM



DVS RETURNS NUMBER:

Date fault reported:

Method: Phone Fax Email

Member of staff receiving communication:

Customer name:

Contact & Telephone Number:

Sales invoice(s) No. relating to return:

Does customer require replacement stock? Yes No (Credit will be arranged only if fault is agreed)

Qty	Product code	Description	Serial number	Reason Code

Date product(s) received back:

Received by:

Tested by:

Date tested:

Fault/Damage information

<u>Replacement(s) sent on:</u> SO.....	<u>Credit Note No.:</u> SC.....
<u>Return processed in:</u> Day(s)	

Please add this form with the product(s) to be returned.

By returning the item(s) listed in this document you agree to our Returns Policy Terms and Conditions.

Returns Delivery Address

DVS Ltd
 Unit K6, Southpoint Industrial Estate
 Foreshore Road
 Cardiff
 CF10 4SP
 Tel: 02920 455512
 Fax: 02920 455513

Returns Reason Codes

- 01 – Damaged in transit
- 02 – Incorrect item delivered
- 03 – Incorrect item ordered
- 04 – Repair quotation required (Description)
- 05 – Warranty repair (Description)
- 06 – Item not required