



# MIRIAD PRODUCTS LIMITED

## RETURNS FORM

THIS FORM ***MUST*** BE COMPLETED AND RETURNED WITH GOODS

**Please note:** Incomplete forms may result in goods being returned and an invoice raised for carriage.

Return Number: .....

Order Acknowledgement No:	Date of Return:
Delivery Note No:	

Dealer's Full Name: Address:       Contact Name: Telephone No (incl. code):	Customer's Name: Address:       
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	PART NUMBER	QTY	FAULT CODE	COMMENTS
Product Code(s)	Item 1			
Please mark fault code box with the appropriate fault code	Item 2			
	Item 3			
	Item 4			

- FAULT CODES:**
1. DESPATCH ERROR. 2. NO LONGER REQUIRED.
  3. ORDERED INCORRECTLY. 4. CONDENSATION.
  5. MARKED INTERNALLY. 6. MARKED EXTERNALLY.
  7. GLUE FAULT. 8. PAINT FAULT. 9. SCREEN FAULT. 10. HINGE FAULT
  11. FAULTY. 12. DUPLICATE ITEM. 13. DAMAGED IN TRANSIT.

<b><i>MIRIAD PRODUCTS OFFICE USE ONLY</i></b>	
Consignment No:	<u>ACTION</u>
Date Received:	
RTS / Location:	
Comments:	
Credit Note No:	