

Date:		Time:		Returns No.:	
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### CUSTOMER DETAILS

Contact name	<input type="text"/>	<b>ORDER DETAILS</b>
Company name	<input type="text"/>	
Address	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone No.	<input type="text"/>	
Fax No.	<input type="text"/>	
Invoice No.	<input type="text"/>	
Invoice date	<input type="text"/>	
Account No.	<input type="text"/>	
Invoice paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PO No.	<input type="text"/>	

### PRODUCTS FOR RETURN

Quantity	Product name	Part No	Serial No	Notes

### REASON FOR RETURN – Please provide as much details as possible\*

\* ADVANCED WARRANTY REPLACEMENTS  
 Advanced Warranty Replacements require a Purchase Order which will not be invoiced in full unless the existing Allegedly Faulty equipment to be replaced is either;  
 - NOT returned within 10 Working Days along with this completed Returns Form with valid returns number for inspection and testing; or  
 - is found NOT to be faulty following NACD testing.

### RETURNS CONDITIONS

<p>It is the responsibility of the customer to return the goods carriage paid to 'NACD Ltd, Unit 8, Heron Business Park, Eastman Way, Hemel Hempstead, Hertfordshire HP2 7FW'.</p> <p>The 'Valid Returns No' must be clearly displayed on the consignment along with the 'Returns Form' fully completed. Should the consignment be received without a completed 'Returns Form' the goods may not be accepted and turned away.</p>	<p>A 15% of product value restocking charge will be made on all returns (carriage charges extra).</p> <p>All special order and bespoke products cannot be returned (faulty components, under warranty, excepted). Non faulty returns must be used and undamaged including all packaging, manuals and components.</p>	<p>Date <input type="text"/></p> <p>Customer name <input type="text"/></p> <p>Signature <input type="text"/></p> <p><b>I, the above, have read, understood and agree to abide by these return conditions.</b></p>
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All returns subject to terms in current NACD returns Policy & NACD Conditions of Sale. Additional copies available on request.

### OFFICE USE

Date of Receipt	<input type="text"/>	Warranty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked by	<input type="text"/>	Action	<input type="checkbox"/> Credit <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
Courier Name & Consignment Number		<input type="text"/>	
Notes			
<input type="text"/>			