

# CUSTOMER RETURN FORM

*Studio/* **ORE**

**Customer Completion Section (IMPORTANT: Please include a copy of your original invoice)**

INVOICE NO.	INVOICE DATE:
FROM:	SHIP TO: STUDIO ORE, Unit B2B, Horsted Keynes Business Park, Cinder Hill Lane, Horsted Keynes, West Sussex, RH17 7BA.
	COMPLETE ORDER RETURNED?: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF RETURN:	If not 'complete order returned', please list the items included in this return below.

ITEM	QUANTITY	REASON FOR RETURN

DATE:

CUSTOMER SIGNATURE:

## Office Administration Section only

DATE OF RETURN RECEIVED:	RECEIVED BY:
	CHECKED BY:

SPECIAL NOTES:	
CREDIT TO ISSUE CUSTOMER: <input type="checkbox"/> YES <input type="checkbox"/> NO (explain below)	
DATE:	SIGNATURE: