# Request to Return Goods Form

**This section must be fully completed**

| | |
|---|---|
| Company Name: | Date: |
| Contact: | Phone: |
| E-Mail | Fax: |

| Invoice / Advice Note Number | Item | Quantity | Reason for Return request |
|---|---|---|---|
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**Notes**

1) Specially procured items will not be accepted for return irrespective of despatch date
2) Returns will only be accepted within 60 days of despatch.
3) A Handling charge of 15% will apply to all approved returns.
4) Goods must be returned in good saleable condition and contained in original packaging.
5) A Copy of this (Authorised) form must accompany the physical return of the goods.

**For Internal Office Use**

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|---|
| Return approved by: |
| Date: |

**Cork Fax 021 - 435 4653** **Dublin Fax 01 - 450 1172** **Limerick Fax 061 - 416 981**

**Fax this form to the Reliance branch that despatched the goods to obtain authorisation from Reliance to return the goods.**