

# RETURNS FORM

Date

## Status

Telephone call received

Product returned

Returns no.

Invoice no.

Invoice date

Rep no.

Contact name

Invoice address

Organisation

Telephone number

Fax number

## Product family

Product1

Product11

Product2

Product12

Product3

Product13

Product4

Product14

Product5

Product15

Product6

Product16

Product7

Product17

Product8

Product18

Product9

Product19

Product10

Product20

## Platform details

### Reasons for return

- |                                                     |                                               |
|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Approval copy not required | <input type="checkbox"/> Wrong goods supplied |
| <input type="checkbox"/> Duplication of order       | <input type="checkbox"/> Suspected bug        |
| <input type="checkbox"/> Ordered in error           | <input type="checkbox"/> Incorrect charge     |
| <input type="checkbox"/> Lost in transit            | <input type="checkbox"/> Faulty goods         |
| <input type="checkbox"/> Received damaged           | <input type="checkbox"/> Not stated           |

### Reasons why unsuitable

- |                                                       |                                                            |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> No current need              | <input type="checkbox"/> Difficulty with using software    |
| <input type="checkbox"/> No foreseeable need          | <input type="checkbox"/> Has a requirement for training    |
| <input type="checkbox"/> Budget constraint at present | <input type="checkbox"/> More information required         |
| <input type="checkbox"/> No foreseeable budget        | <input type="checkbox"/> Doesn't meet support requirements |
| <input type="checkbox"/> No time to evaluate it       | <input type="checkbox"/> Not suitable                      |
| <input type="checkbox"/> Other _____                  |                                                            |

### Action required

- |                                                 |                                               |                                           |
|-------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Put through for credit | <input type="checkbox"/> Credit passed to rep | <input type="checkbox"/> Follow up by rep |
|-------------------------------------------------|-----------------------------------------------|-------------------------------------------|

### Action taken

- |                                   |                                                        |                                                                 |
|-----------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Credited | <input type="checkbox"/> Product sent back to customer | <input type="checkbox"/> Pending feedback from other department |
|-----------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|