http://www.eurosurgical.co.uk E-Mail: sales@eurosurgical.co.uk



**INVOICE NUMBER** 

## **RETURNS FORM**

Your order has been fully packed and checked prior to dispatch and we hope that you are pleased with the item(s). In the event that there is a problem with any product(s) you have ordered please follow the instructions below to enable us to correct any issues with the utmost speed and least inconvenience to you.

## PLEASE NOTE THAT GOODS MUST BE RETURNED WITHIN 14 DAYS OF RECEIPT

## **RETURN INSTRUCTIONS**

By Post - we recommend that you use recorded delivery and retain proof of postage

All items MUST be returned in the original packaging in a resaleable condition

Please complete the details below and enclose this form with your return(s)

	1	Not as described	4	Size incorrect
REASON FOR RETURNING ITE	M 2	Faulty/Damaged	5	No longer required
	3	Incorrect Product	6	Other
If other please specify				
Total number of items being r  Do you require a Refund /		Please circle the rele	vant	option
If you require an exchange pla	ease specify code	e and size		
If not requiring an exchange a	full refund less	carriage will be credi	ted o	n receipt of the goods
Sender Name				· Æ
Sender Address				\$\frac{1}{2}
			,	
Post Code				
Tel No				

## **RETURNS ADDRESS**

EUROSURGICAL LTD, 1E MERROW BUSINESS PARK, MERROW, GUILDFORD, SURREY, GU4 7WA
Contact Tel No: 01483 456007 if you have any queries