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Client Collection Request Form

Please complete this form	or any go	oas tha	t you wish	1 to retu	rn to HC Inr	ovations	Lta.
PLEASE NOTE THAT ANY (GOODS B					RNED IN	THE
CUSTOMER TO COMPLE	TE THIS SEC	CTION AN	D RETURN	TO sales	hcinnovatio	ns.co.uk	
Company Name							
Customer Contact Name							
Invoice Number							
HCI Order Number							
Address							
Postcode							
Items to be returned							
Code & Description						Qty	
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V	Varehouse I	Please co	mnlete this	section			
-					T		
Items Returned in a Sellable condition & Back on Shelf.					YES		NO
Comments on Goods Returned							
						•	
Warehouseman's Name							
	Office Plea	ase Comp	olete this Se	ection	1		T.
Credit Raised		YES		NO			
			VEC				
Was this a non-coformity	14	/hich Don	YES		NO		<u> </u>
Which Depar					1	Admin	I
Picking			Driver			Aumin	
Office Personnal Name		<u> </u>	1 1		1		l