

# Product return Form



Customers Company Name		Date	
Address		Phone #	
City/ Town		Email	
Contact Person		Your Galco Account #	

Date Goods Purchased		Galco original Packing Slip or Invoice #	
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<b>Reason Goods being Returned &amp; Action Requested</b>

*For Galco Use Only*

Date Goods Received by Galco		Received & Checked By	
Goods Condition			

<b>Action taken</b>

Approved - Manager		Date
Accounting		Date
Galco Ref #		Date

- This form should accompany any goods return claims for credit, Please note, as per our Standard Terms and conditions a re stocking fee of 5% may be applied.
- Completion of this form & return of goods does not automatically constitute acceptance or agreement by Galco of a credit.
- Goods especially imported or manufactured for customers are not returnable for credit unless not to specification of original specifications required