

Returns Request Form

For authorisation please fill in all fields below and send to returns@edgedistributions.co.uk



Return address:
Unit 3F Beaver Industrial Park
Brent Road
Southall, Middlesex
UB2 5FB

RA Number	Date:
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Please be aware your RA number is only valid for 14 days.

Company name:	Contact name:	Telephone number:	Email address:	
Trading address:	Account manager:	Fax number:	Office use:	

Invoice Number	Invoice date	Item description	Quantity sold	Quantity returned	Reason for return	Unit price

I confirm that I have completed this form to the best of my knowledge and accept that all goods returned have been purchased from Edge Distributions Ltd. I accept that all returns comply with the returns policy and agree to the terms and conditions.

Name: _____ **Signature:** _____ **Date:** _____