

Collection Request Form

Please complete the details below, if you require any assistance or clarification please contact amp on 01707 378 670

Request number:		Date raised:	
Raised by:		Date of collection:	
Customer name:		Invoice no.	
Contact details:			

Collection address:

REMEMBER TO CONFIRM SERIAL NUMBERS WHEN CHECKING ON RETURN

Item(s) to be collected			
Make	Model	Serial Number	Quantity

Reason for return:

Restock Charge:	£	OR	%
Collection Charge:	£		

Customer signature:

Date:

FOR INTERNAL USE ONLY

Collection by:		Other:	
Date received:		RTS:	Yes / No Initial:
Credit/charge raised:	Yes / No	By whom:	