Goods Return (Claim) Form

craigmarloch nurseries limited

1. Write clearly in **block capitals**.
2. All sections **must** be completed or we will be unable to process your claim.
3. All claims must be notified via this form within **3 working days** of delivery.

Customer/Company Name:

Date when Delivery was Recieved:

/ /

Craigmarloch staff member with whom your claim was discussed:

Please Call Us

Before filling out your claim form, please call our office to initiate the claim/return process. This will ensure your claim is handled quickly and efficiently.

☎ (01236) 821 355

Invoice No.	Product Description	Size	Quantity	Price (each)	Reason for Claim/Return:

I/We confirm that the above statements are true and I/We the claiments are legally entitled to payment of any claim for the lost, damaged or incorrectly billed items in accordance with the Terms and Conditions under which the items were despatched/delivered.

Name (Please print):

Telephone No:

Signature:

Date: