motordrive Limited

Returns Request Form

**This form should be completed by the Customer for a request to return Goods according to the terms and conditions published on** [**www.motordrive.com**](http://www.motordrive.com)**.**

**Goods should NOT be returned to Motordrive without approval from Motordrive following their assessment of the information provided in this form.**

**Order Details:**

Order/Invoice Number: Order/Invoice Date:

Delivery Address:

Date Goods received by the Customer:

**Customer Information:**

*(The Customer is the person who placed the sales order)*

Name:

E:mail address:

Telephone number:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Product Description** | **Product Value****(Net of Vat)** | **Reason for Return Request** |
| **Product 1** |  |  |  |
| **Product 2** |  |  |  |
| **Product 3** |  |  |  |
| ***If more products are to be returned then please add additional rows*** |

**Additional Information (optional):**

**Customer Sign off:**

Return Form completed by:

Date Form completed :

\*This can be a printed name or e-signature if returning by email

**All boxes on this form must be completed unless the box is titled ‘optional’.**

**The Customer (the person who or entity who bought the Goods) should submit this**

**completed returns form by email to** **info@motordrive.com** **or by post to :**

**Motordrive Limited, Unit 30, Tomlinson Business Park, Leyland, PR25 2DY, UK.**