



GOODS RETURN FORM

Customer:			
Customer code:			
Street:			
City and postcode:			
Invoice issue date:		Return date:	
Invoice no.:			
Name:		Surname:	
Phone:		E-mail:	

No.	Index	Description	Invoice no.	Qty	Return reason
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

.....
(Customer signature)

.....
(GORDON representative signature)