

# RETURNS FORM

Please complete this form and return to us by email.



Notification within 7 days - 75% of the item value credited to your account.

Notification within 8-30 days - 50% of the item value credited to your account.

**We cannot accept returns after 30 days of receipt of the order.**

**Returns must be approved by a member of the Summit team. We will contact you to confirm approval of this request and to arrange collection of the items by courier (you will not be charged for the collection service). This may take up to 3 working days.**

## Clinic & Order Information - Please complete in full

Clinic Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Product: \_\_\_\_\_ Lot No: \_\_\_\_\_ Qty: \_\_\_\_\_

Product: \_\_\_\_\_ Lot No: \_\_\_\_\_ Qty: \_\_\_\_\_

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Product: \_\_\_\_\_ Lot No: \_\_\_\_\_ Qty: \_\_\_\_\_

Product: \_\_\_\_\_ Lot No: \_\_\_\_\_ Qty: \_\_\_\_\_

Invoice/Delivery Note No: \_\_\_\_\_ Order Date: \_\_\_\_\_

Reason for Return (please state):  
\_\_\_\_\_  
\_\_\_\_\_

Code: \_\_\_\_\_ Cost: £ \_\_\_\_\_

Code: \_\_\_\_\_ Cost: £ \_\_\_\_\_

Code: \_\_\_\_\_ Cost: £ \_\_\_\_\_

Code: \_\_\_\_\_ Cost: £ \_\_\_\_\_

Code: \_\_\_\_\_ Cost: £ \_\_\_\_\_

**For Office  
use only**

Cost Total: £ \_\_\_\_\_

## For Office use only

Sales Order No: \_\_\_\_\_ Invoice No: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Clinic  Sales  Shipping  Other

QC Informed: YES / NO \_\_\_\_\_ Complaint: YES / NO \_\_\_\_\_ Financial Return: YES / NO \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Conclusion/Resolution (include dates & SO reference):  
\_\_\_\_\_  
\_\_\_\_\_

Credit Note No: \_\_\_\_\_ Transfer No: \_\_\_\_\_ Details checked and logged  Actioned by: \_\_\_\_\_