

Date

## **Customer returns form**

Metal casting returns

Company Name	
Date of return	Contact name
Address	
City	Post code
Phone	Email
REASON FO	R RETURN
DEPARTMENT USED	
SALES	
3D PRIN	ITING
DESIGN	
QUANTITY	CUSTOMER REF
METAL WEIGHT	INVOICE NO
Do you require this order to be redone?  Yes, please redo my order  ADDITIONAL	
INFORMATION	ON L

Signature