PODIATRY & CHIROPODY SUPPLIES

Customer Returns Form

Contact Name:.....

Company Name:.....

Account No:.....

Post Code:.....Tel No:.....

Item(s) being returned:	Qty	Reason (see codes below)
.....	[ ]	[ ]
.....	[ ]	[ ]
.....	[ ]	[ ]
.....	[ ]	[ ]

Reason For Return

[1] Ordered in error
[2] Faulty product
[3] Duplicate delivery
[4] Supplied in error
[5] Product damaged
[6] Other

For all returns please give details of problem:

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Returns Address

DLT
Riverside Court
Stoney Battery Road
Longroyd Bridge
Huddersfield
HD1 4TW

DLT Returns Number:_____

How To Return Goods To DLT In 6 Easy Steps

1. Phone DLT to obtain a customer returns number.
2. Complete this Customer Returns Form, in full.
3. Ensure all returned items are securely packaged.
4. If you do not require this copy of the delivery note please fold and use this side as your address label.
5. Photocopies are acceptable or just print a copy of this form from the DLT web site **www.dltchiropody.co.uk**
6. Please return goods to DLT at the address above*

For a returns number or if you require further assistance with your return or need to order replacement products please call our office.

0845 230 4411

Thank you for completing this form. It will allow us to process your return more quickly

www.dltchiropody.co.uk

PODOR The Professional Choice For Footcare Products

DLT Ltd VAT REG. NO. 721220101 REG IN ENGLAND 3625002

D.L.Townend Son & Sandy Ltd
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