

HELAPET

Filter Devices • Medical & Cleanroom Disposables

CUSTOMER RETURN FORM

PLEASE COMPLETE THIS FORM AND ENCLOSE WITH YOUR PRODUCTS
THIS WILL ENABLE HELAPET TO EASILY IDENTIFY YOUR GOODS WHEN
THEY ARRIVE. YOU MAY WISH TO KEEP A COPY FOR YOUR RECORDS.

HOSPITAL / COMPANY	DEPARTMENT	NAME	JOB TITLE

PRODUCT	REASON FOR RETURN

YOUR PURCHASE ORDER NO.	HELAPET INVOICE No.	INVOICE DATE

REFUND	REPLACEMENT

Helapet Internal Action				
Action	Returned Goods Received	Returned Goods Inspection	Replacement sent	Credit sent
Date				

THANK YOU FOR YOUR ASSISTANCE

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