

## F2 Medical Return Slip



**Name:**

**Address:**

**Contact Name:**

**Contact Number:**

F2 Medical Supplies Ltd

11 Midland Street

The Cultural Quarter

Leicester

LE1 1TG

Call Us: 0116 319 1182

Email us: [sales@f2medicalsupplies.com](mailto:sales@f2medicalsupplies.com)

Product Number/ Serial Number	Quantity	Reason for Return	Action required (Repair or Replace)

### **NOTICE!**

#### **Returned Goods and Guarantee**

Returned goods, other than major equipment, will be accepted for credit or exchange providing the buyers account detail and invoice are quoted.

All returns must be suitably packaged. Items with shipping labels on the original packaging will not always be credited..

F2medicalsupplies will not accept responsibility for goods returned by the buyer which are lost or damaged in Transit.