

**Kruuse UK – Return of Goods**

**Date;** **Kruuse Contact;**

**Practice name;**

**Address;**

**Contact;**

**Phone Number;** **e-mail;**

**Purchased via?;**      **HSAS**   **NVS**   **Centaur**   **Direct**   **Other (please state)**

<b>Product;</b>	<b>Item nr;</b>
<b>Product;</b>	<b>Item nr;</b>
<b>Product;</b>	<b>Item nr;</b>
<b>Product;</b>	<b>Item nr;</b>
<b>Product;</b>	<b>Item nr;</b>

**Date Purchased**

**Reason for return/Comments;**

**Please send this form and your equipment to;**

**Kruuse UK Ltd,  
Service Department,  
12 Sherburn Network Centre  
Lancaster Close  
Sherburn-in-Elmet  
North Yorkshire  
LS25 6NS**

**Are you claiming credit?**

**I/we accept any goods returned in an expired, incomplete or unsalable condition will not be accepted or credited. In accordance with our Terms & Conditions**

**Signed..... Print.....**

**Please ensure that items are clean and suitably packaged, no responsibility will be accepted for items damaged in transit. Dirty or unhygienic items may be returned unopened and a handling charge made.**