

re:creation Group Ltd  
ORDER & FAULT REPORTING FORM



Date:

Delivery To / Collection From:

Name: \_\_\_\_\_

RMA No: \_\_\_\_\_

Address: \_\_\_\_\_

DPD Collection Ref: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Delivery / Collection Address If Different:

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Condition Of Item When Received / Information Notes:

Item Code / Description / Reported Fault	Quantity	Trade Price (Unit)	Total Cost

Credit Card No: \_\_\_\_\_ Delivery: \_\_\_\_\_ £

Valid From: \_\_\_\_\_ Valid To: \_\_\_\_\_ Sub Total: \_\_\_\_\_ £

Issue No: \_\_\_\_\_ Security No. \_\_\_\_\_ VAT: \_\_\_\_\_ £

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TOTAL: \_\_\_\_\_ £