 **CUSTOMER RETURN
 DATE:**

MEETINGHOUSE STREET, RAPHOE, CO. DONEGAL **RA REF:**

TEL: 074 91 45179. EMAIL: INFO@ROR.IE

**N.B. RETURNS MUST BE APPROVED BY REYNOLDS OF RAPHOE BY ISSUING A RA NUMBER**

|  |
| --- |
| CUSTOMER NAME: |
| ADDRESS: |
| CONTACT NUMBER:  | EMAIL: |
| BRAND: | MODEL: |
| SERIAL NO: |  PROD. DESCRIPTION: |

ARE GOODS UNDER 12 MONTH GUARANTEE: YES/NO

INVOICE/ RECEIPT NO:

DATE OF INVOICE:

IF YES, PLEASE STATE:

**NB: REPAIR WILL NOT BE UNDERTAKEN UNDER GUARANTEE IF INVOICE NUMBER / DATE IS NOT PROVIDED**

 **FAULT DESCRIPTION (MUST BE FILLED IN)**

 **FURTHER INFORMATION / ADDITIONAL ITEMS (E.G. FLIGHT CASE, CABLES ETC):**

**WHEN COMPLETE PLEASE EMAIL BACK TO** **INFO@ROR.IE**

**NB**: PLEASE NOTE THERE IS A MINIMUM CHARGE OF €30 PLUS VAT ON ALL REPAIR WORK UNDERTAKEN OUTSIDE GUARANTEE (EVEN IF BEYOND ECONOMICAL REPAIR OR IF NO FAULT FOUND ON ITEM UNDER GUARANTEE)

A NON-REFUNDABLE DEPOSIT MAY BE REQUIRED FOR NON ACCOUNT HOLDERS