

GOODS RETURN FORM

A Partnership for
Better Healthcare



Please Note: You must contact Customer Services for
Official Returns Authorisation Number

Customer Address:

Deliver To: Goods Inwards PEI Ltd M50 Business Park Ballymount Road Upper Dublin 12

Returns Authorisation Number	Customer Order No	Delivery Note No	Date
Customer Contact Name	Contact Telephone Number	Reason for Returning Goods	

Product Code	Description	Stock Unit	Quantity Returned

Terms & Conditions: If PEI Ltd. agrees to the return of Goods at its choosing, it must be in its original condition and packaging with this *Goods Return Form* and proof of purchase. All products returned must have a 6-month shelf life. Before returning goods you must contact Customer Services who will quote you your Returns Authorisation Number which you enter into the space provided above. Return costs may be payable by you and may be subject to a re-stocking charge.

PEI Ltd.
Registered in Ireland
Registered No. 20629
VAT No: IE9Y44972K



PEI Ltd.
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Phone: 01-419 6900 Fax: 01-419 6999
E-mail: customerservices@pei.ie

Any discrepancies on the above delivery docket must be notified to PEI within 3 Days