

Product Returns & Claim Form

Please complete and return this form to sales@paragongroup.co.uk within 48 hours of receiving your goods if reporting an error, damage or shortage.

Customer Details:		
Company Name		
Contact Name		
Email Address		
Phone Number		
Delivery Address		
-		
Order Information:		
Order Number		
Delivery Date		
Item(s) To Be Return	ed/Claimed:	
Item Name	Quantity	D
ILEIIIINaiile	Quantity	Reason for Return/Claim*
item Name	Qualitity	Keason for Keturn/Glaim*
Item Name	Qualitity	Keason for Keturn/Claim*
Tell Name	Qualitity	Keason for Keturn/Claim*
Tterri Name	Qualitity	Keason for Keturn/Glaim*
	rect item, shortages, wrong item:	
	rect item, shortages, wrong item	
* E.g. damaged, inco	rect item, shortages, wrong item	
* E.g. damaged, inco	rect item, shortages, wrong item	
* E.g. damaged, inco	rect item, shortages, wrong item	
* E.g. damaged, inco	rect item, shortages, wrong item	
* E.g. damaged, incor Additional Commen	rect item, shortages, wrong items ts (if any): rm, I confirm the information p	
* E.g. damaged, incom Additional Commen By submitting this for	rect item, shortages, wrong items ts (if any): rm, I confirm the information p	s, other (please specify)







