

To complete your cancellation request, please fill out the top two sections and return to info@rooflights.com. Please do not return the goods until requested to do so.

CUSTOMER DETAILS						
Your Name:						
Order Number:						
Telephone:						
Email Address:						
PRODUCT DETAILS						
Product Name		5	Gerial Numb	oer	Reason for Return	
To confirm you are happy to proceed with cancellation request, please sign and date and return this form to us.				Signature: Print name: Date:		
FOR INTERNAL USE ONLY				Internal Reference (Omnis):		
Goods Returned Date:				Resto	cking Fee:	
Condition Report:						
Approval:				Appro	Approval Date:	
Credit Amount:				Credit	Credit Issued On:	
Additional Notes:						