

Suppliers Copy	White
Accounts Copy	Blue
Accounts Copy	Green
Prod. Office Copy	Pink
Buyer Copy	Yellow

RETURNS NOTE

NO.

FILM TITLE

Please reply to:

SUPPLIER

ADDRESS

.....

.....

YOUR D/N: O/N:

DATE.....

RETURNS NOTE
TEMPLATE 6

ANY LOSS OR DAMAGES MUST BE REPORTED WITHIN 24 HOURS OF RETURN OTHERWISE THE COMPANY WILL NOT BE HELD RESPONSIBLE

Received in good order

.....

RETURNS NOTE

No.

SUPPLIER

ADDRESS

.....

.....

TEL

FAX/EMAIL

YOUR D/N: O/N:

DATE.....

RETURNS NOTE
TEMPLATE 7

ANY LOSS OR DAMAGES MUST BE REPORTED WITHIN 24 HOURS OF RETURN OTHERWISE THE COMPANY WILL NOT BE HELD RESPONSIBLE

Received in good order

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