



# ELIGHTED CARE PRIVATE LIMITED

## PRODUCT RETURN/REPLACE/EXCHANGE FORM

Applicant Name: \_\_\_\_\_ ID No.: \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mobile No.: \_\_\_\_\_ Sales Invoice No.: \_\_\_\_\_

Purchased From: \_\_\_\_\_

### Product Description:

Name of Product	Qty. Returned	Qty. Accepted	Qty. Rejected	Amount	Remarks

\_\_\_\_\_  
Applicant Signature

For Office Use Only

### Accounts:

Return Invoice/ Credit Note No.: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \_\_\_\_\_

Amount Refunded: \_\_\_\_\_ Cash/Bank: \_\_\_\_\_

\_\_\_\_\_  
Accounts I/C

\_\_\_\_\_  
Logistics I/C

Office 1, 30-100 Feet Road , Shyam Colony Infront Of Central Bank Of India Ballabgarh, Faridabad ( 121004)



+91 9773787822



elightedcare@gmail.com



www.elightedcare@gmail.com