Midlands Veterinary Wholesalers (Pty) Ltd
Reg no: 1995 / 006352 / 07 / VAT no: 4450139094

NATIONAL SALES CALL CENTRE: 0861 VET911 | 0861 838 911
Email: queries@mvwsa.com www.mvwsa.com

NATIONAL ADMIN CALL CENTRE: 0875 500 593
MVW HEAD OFFICE: P.O. Box 671, Mooi River, 3300 Tel: 033 263 2770

APPROVAL TO RETURN GOODS

RTS: ☐

Date	Customer Name	Invoice Number	Date of Purchase	Tele-Sales Consultant

PRODUCT INFORMATION

Item Code	Product Description	Quantity	Batch	Expiry	Amount
Grand Total:					

REASON FOR RETURN:

Picking Error	**Short/Over Supplied**	**Product Complaint**	**Damaged Stock**	**Short Dated**
Sales Error	**Client Error**	**No Longer Required**	**Incorrect Delivery**	**Recall**

Client Signature: _____ **Date:** _____

Driver Collected: _____ **Date:** _____

Please forward a copy of this completed form and your MVW invoice to your MVW branch. MVW will advise within 24 hours of receipt of this document whether the return has been authorized. Once authorised, MVW will arrange a collection of goods to be returned. Please Await Collection. Please refer to MVW's Inventory Returns – Terms and Conditions for more information.

For office use only:

Return Received By: _____ Date Received: _____

The above return is: APPROVED FOR CREDIT ☐ Yes ☐ No

DATE PASSED: _____

CREDIT REF: _____

CREDITED BY: _____

RP decision on fate of stock: ☐ Return to Stock ☐ Destruction ☐ Return to Supplier

RP Signature: _____

PLEASE KEEP COPY AS YOUR PROOF OF RETURN