Pick up Request

ORIGINAL ORDER INFORMATION

Date of Consignment:	
CFD Consignment Note Number:	
Store Name:	

PICKUP INFORMATION

Store Location:	
Goods Location:	
Store Contact (Name & Phone):	
Reason for Return:	

Have goods been packed and labelled for return? Yes ☐ No ☐

(Goods will NOT be picked up without proper packing and a return address label)

CODE	PRODUCT DESCRIPTION	QUANTITY

Please send all Pick Up Requests to:
Customer Services – John Ama
Email: johna@cfd.co.nz