

Delivery Rejection Notice

Attention	Date
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We are submitting this notice to verify our rejection of the following goods:

Date	Purchase	Invoice #	Packing Slip #

Our payment for the goods was accepted by you in the following form:

Date	Check #	Visa/MC/Amex #	Amount

Reason For Rejection

As of the date of this notice, we reject the delivery of the above order and respectfully request a full refund. We regret that we must return these unacceptable items at your cost. Please advise us as to your wishes for their return. If we do not receive a full refund of the amount stated above within ten (10) days, we will take legal action to recover our costs.

Please be aware that we cannot guarantee safe storage of your goods if we do not hear from you within ten (10) days.

Thank you for your prompt attention to this problem.

WITNESS our signature as of the day and date first above stated.

(Name of Purchaser)

By: _____

(Printed Name & Office in Corporation)

(Signature of Officer)