



RETURNS FORM

Account Ref:	Order / Web Number:
Full Name:	
Address:	
Postcode:	
Email Address:	
Telephone Number:	

REASON FOR RETURN

Please tick the relevant box

<input type="checkbox"/>	Faulty (Please give more detail below)	<input type="checkbox"/>	Not suitable for use
<input type="checkbox"/>	Damaged on delivery	<input type="checkbox"/>	Sent in error
<input type="checkbox"/>	Wrong size (Please advise if a replacement is required)	<input type="checkbox"/>	Ordered by mistake

Would you like a (tick your preference):

<input type="checkbox"/> Refund	<input type="checkbox"/> Credit Note	<input type="checkbox"/> Replacement
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Additional Comments

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