## **Returns Form**

Date



Customer Details			
Name: Address:		Date:	
Tel:		Email:	
Order Details			
Order Number:		Date of Purchase:	
Item Description:			
Colour:	Size:		
Reasons for return (tie	ck appropriate box)		
☐ Unsuitable Please en	nsure that all labels and tags are	included.	
Comments:			
☐ Faulty or Damaged - Due excessively soiled will be returned		only accept goods in a clean and hygienic condition. Goods wh	iich are
Describe fault:			
Action Required (tick	appropriate box)		
Refund			
		e a £5.00 cheque payable to S R Cunningham or call 01 the charge will vary – please contact us.	5394 32636 to
Replace with: Colour:	Size:		
For Office Use			
Received By Date			
Actioned By Date			
Completed By			