## **Returns Form**

## CUNNINGHAMS

Customer Details	
Name:	Date:
Address:	
Tel:	Email:
Order Details	
Order Number:	Date of Purchase:
Item Description:	
Colour: Size:	
Reasons for return (tick appropriate box)	
<b>Unsuitable</b> Please ensure that all labels and tags are included.	
Comments:	
<b>Faulty or Damaged -</b> Due to Health & Safety Guidelines we will only accept goods in a clean and hygienic condition. Goods which are excessively soiled will be returned to sender at your expense.	

Describe fault:

## Action Required (tick appropriate box)

**Exchange**\* For purchases **under £35 we will require a £5.00 cheque** payable to S R Cunningham or call 015394 32636 to pay by debit/ credit card over the phone. For international orders the charge will vary – please contact us.

Replace with:

Colour:

Size:

For Office Use
Received By
Date
Actioned By
Date
Completed By Date
Date

For full Terms & Conditions visit our website www.srcunningham.co.uk