

RETURNS FORM

PLEASE TICK THE APPROPRIATE BOX

DATE

EXCHANGE

RETURN

CUSTOMER NAME:

ADDRESS:

1st LINE:

2nd LINE:

TOWN:

COUNTY:

POSTCODE:

COUNTRY:

TEL:

FAX:

E-MAIL:

ORDER NO:

ITEMS RETURNED (PLEASE SPECIFY STYLE NO., COLOUR, AND DESCRIPTION):

REASON FOR RETURN:

ADDITIONAL COMMENTS:

SIGNED:

PRINT NAME: