

REF No/NET ORDER No \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND **ENCLOSE** WITH THE ITEMS YOU WISH TO RETURN FOR A REFUND OR EXCHANGE.

Complete all relevant sections of the form. Failure to do so may delay the exchange or refund of your order. When returning goods for your protection ensure you use insured carriage. All goods must be returned within 14 days in new and unused condition, with original packaging intact and all labels attached.

**RETURNED GOODS**

Code	Colour Code	Description	Size	Price	Reason for Return
	9--				
	9--				
	9--				
	9--				
	9--				

**REASON FOR RETURN:**

- 1 Too Big   2 Too Small   3 Unsuitable  
4 Not as Expected   5 Wrong Item Sent

Other (please comment) \_\_\_\_\_

Faulty (please comment) \_\_\_\_\_

**THERE IS AN ADDITIONAL POSTAGE CHARGE FOR EXCHANGES/NEW ORDERS**

**EXCHANGE/NEW ORDER**

Code	Colour Code	Description	Size	Price
	9--			
	9--			
	9--			
	9--			
	9--			

Complete this section in full

Tick box if you want your exchange to go to the alternative delivery address on your original order.

name:		ref number:	
address:			
postcode:		tel (daytime):	
card number:			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
exp date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		valid from <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> issue no <input type="text"/> <input type="text"/> (switch only)	

Date exchange required by \_\_\_\_\_

**please ensure that all parts of this form are complete**