



## Returns Form

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Please complete this form in full and include it with your returned item(s). Return shipping is at the buyer's expense.

Incomplete forms may delay processing.

Field	Details
Customer Name	
Company Name (if applicable)	
Contact Email	
Telephone	
Order Number	
Return Date	
Reason for Return (tick one):	<input type="checkbox"/> Ordered Incorrect Item <input type="checkbox"/> No Longer Required <input type="checkbox"/> Other: _____
Product Code(s) and Description(s)	
Quantity	
Preferred Resolution:	<input type="checkbox"/> Refund (credited to account or original payment method on request) <input type="checkbox"/> Exchange
Additional Comments	