



PRODUCT RETURNS FORM

Please include this form in your parcel

Name

Address

Postcode

Phone

E-mail

Order Number

1. Faulty Item 2. Incorrect Item Received 3. Changed My Mind 4. Other (please specify)

ITEM NAME	REASON CODE	RETURN DETAILS <small>(INCLUDING IF YOU ARE EXPECTING A REFUND OR A REPLACEMENT)</small>

PLEASE MAIL YOUR RETURN, WITH THIS COMPLETED FORM TO:
40 BARNARD ROAD, BOWTHORPE, NORWICH, NR5 9JB, UNITED KINGDOM