

FAULTY GOODS RETURNS FORM

FIRST NAME: _____ LAST NAME: _____

E-MAIL: _____ PHONE: _____

STREET: _____ NO: _____ POST CODE: _____

CITY: _____ COUNTRY: _____

BRAND <i>please tick box of relevant brand</i>		
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ITEM DESCRIPTION	QUANTITY	FAULT OR REASON FOR RETURNING	WHERE ITEM WAS PURCHASED	DATE OF PURCHASE

ANY FURTHER COMMENTS: _____

DATE: _____

PLEASE REMEMBER TO ATTACH AND SEND A SCANNED IMAGE OR A PICTURE OF YOUR PROOF OF PURCHASE !