



# Returns Form

<b>Name:</b>
<b>Order Number:</b>
<b>City:</b>
<b>Phone:</b>
<b>Email:</b>

## Action Required (please tick)

<b>Return</b> <input type="checkbox"/>	<b>Exchange</b> <input type="checkbox"/>	<b>Refund</b> <input type="checkbox"/>
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## Please enter details of the item(s) you wish to return

SKU	Description	Size	Exchange	Return
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## Please enter items you wish to exchange or any additional comments.

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