

Returns Form

Please complete this form and enclose it with your return item(s).

Order number

Invoice number

Customer name

Date purchased

Customer address

Telephone No.

Postcode

Itemised list of goods returned

Reason for return:

- No longer required
- Damaged / faulty item
- Other (please explain in more detail in the 'additional comments' section of this form)

I would like one of the following:

- Refund
- Exchange (please enter the exchange item product code in the box below)

Additional comments:

Please use the address below for all returns and remember to ENCLOSE THIS FORM.

Returns Department,
Ross Castors Ltd.
1 Tuxford Road,
Leicester LE4 9TZ