

Returns Form

Please return the item within 28 days of receiving your shipment. Ensure the item is in the same condition as received.

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

Order number	<input type="text"/>	Invoice number	<input type="text"/>
Customer name	<input type="text"/>	Date purchased	<input type="text"/>
Customer address	<input type="text"/>	Telephone No.	<input type="text"/>
		Postcode	<input type="text"/>
Itemised list of goods returned			
<input type="text"/>			
Reason for return:		I would like one of the following:	
<input type="radio"/> No longer required		<input type="radio"/> Refund	
<input type="radio"/> Damaged / faulty item		<input type="radio"/> Exchange (please enter the exchange item product code in the box below)	
<input type="radio"/> Other (please explain in more detail in the 'additional comments' section of this form)			<input type="text"/>
Additional comments:		<input type="radio"/> Credit Note	
<input type="text"/>			

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