



Returns Form

Date of return:

Customer Name & Address

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| Name..... Address Tel No E mail |
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Order reference
 Date Purchased

Please tick required action:

- Replace goods
- Change Size
- Refund
- Change colour
- Exchange for alternative
- Send gift voucher

| <u>Product</u> | <u>Size</u> | <u>Colour</u> | <u>Fault Details</u> |
|----------------|-------------|---------------|-----------------------------|
| | | | <u>Or Reason For Return</u> |
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Cut off label for return

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| CCW Returns Dept 79-81 Main Street Callander Perthshire FK17 8DX |
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