



RETURNS FORM

CUSTOMER NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

POST CODE _____

PHONE NUMBER _____ **EMAIL** _____

ORDER NUMBER _____ **ORDER DATE** _____

(You'll find this in your order confirmation email or in your orders list in your online account)

REASONS FOR RETURN...

- ORDERED IN ERROR RECEIVED DAMAGED INCORRECT ITEM DISPATCHED
- FAULTY ITEM _____
- OTHER _____

I WOULD LIKE THE FOLLOWING...

- REFUND TO DEBIT/CREDIT CARD
- EXCHANGE FOR ANOTHER ITEM

ITEM(S) TO BE RETURNED...

ITEM	SKU	QTY	REPLACEMENT ITEM AND SKU (IF APPLICABLE)

-----**Cut & Detach Label, do not add to or modify address shown below**-----

COMPLEX DISTRIBUTION
 RETURNS DEPARTMENT
 RIVERSIDE PLACE
 8 LADYSMITH ROAD
 ENFIELD EN1 3AA