



RETURNS FORM

Please complete as much of this form as possible, so we can process your return as quickly as possible & issue your refund.

Customer Information	
Full Name	
Order Number	
Delivery Address	
Contact Number	
Email Address	

Order Information	
Order Date	
Delivery Date	

Please fill in the details of products included in your return below :		
Product Number	Product Name	Qty Returned

Please tick the reason for your return				
Not as expected	Changed my mind	Ordered too many	Poor quality	Damaged/Faulty

Kitchen Wraps Use :

Returns Reference Number	
Refund Issued Date	