

RETURNS FORM

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

Order Information		
Date Ordered:	__/__/__	
Date Received	__/__/__	
Please fill in the details of products included in your return below:		
Barcode Number	Product Name	QTY Returned
<i>Example* 1234567891234</i>	<i>*Rustic brick wallpaper Red</i>	<i>*3</i>

Please tick your reason for return			
<input type="checkbox"/> Not as expected	<input type="checkbox"/> Changed my mind	<input type="checkbox"/> Ordered too many	<input type="checkbox"/> Poor quality item

PLEASE STICK YOUR INVOICE HERE

A self-adhesive invoice should be included in your original package. Placing it here helps us process your return much faster.