



Returns Form

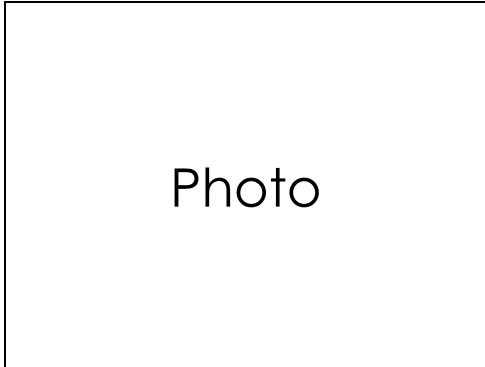
Customer name:

Contact name:

Address:

Post code :

Tel/Fax No:



	Style number	Colour	Size	Total quantity	Return code	Description of fault
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Return Codes:

1. Over delivered
2. Fault in sizing – please specify
3. Style not ordered
4. Fault in make up – please specify
5. Fault in material – please specify
6. Other – please specify

(If you are returning faulty goods, please use the appropriate return code)

Signature:

date:

Please return this form to fax number 0044 (0)1273 724 120 or e-mail to abigail@irregularchoice.com

For staff use only

QC approved: Y/N

Comments:

I confirm this return as valid and authorise its credit to the party named above.

Signature:

date: