RETURNS FORM



RETURN ADDRESS:

Church Equestrian Returns Department, 27 Salisbury Road, Haydock, St. Helens, WA11 9XG

In order for us to process your return, please complete all the fields below.

All account and product information can be found on your delivery note that came with your original parcel. If you have any problems please call 01744 417360.

Delivery Date:							
Account Numbe	r:						
Internal Order N	lumber:						
Account Name:							
Account Address:							
(Not Delivery Address)							
Contact Telephone Number:							
Email Address							
		DET	AILS OF ITE	MS RETURNE	D		
	ı	Please Use	Appropriate	Reason Code F	or Return		
1. Size / 2. Damaged/Faulty / 3. Incorrect Item Received / 4. Product Not As Expected / 5. Ordered Multiples For Choice							
6. Other:	san daily / Com		ricocirca, iii		(pedica / 0. 0. 0.		001 01 0110100
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				ting The Respon			Us:
1. Refund / 2 . Repla	acement Of Sar	me Product /	3 . Exchange: (Provide Details)_			
Code	1			Quantity Returning	Reason Code	Action Code	
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Additional Infor		e provide ar	 nv additional i	nformation that	nav help us to	process vol	ır return)
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EOD STAFE USE	ONLY				Staff Name:		
FOR STAFF USE ONLY. Notes:		Staπ Name: Date Return Received:					
				_ 310 11010			