

RETURNS & EXCHANGE FORM

Instructions:

- 1. Complete this form.
- 2. Email it back with your order number(s) or invoice number(s)
- 3. We will email back this form with the Return Number assigned (see right)
- **4.** Ship the items to "Returns Department" (address below). Please write Return Number on the package/s and print and include a copy of this form.

Return Number Issued:	
Date Issued:	

Pleas	se ensure that you obt	ain proof of dispatch					
	e crisure triat you obt	an proof of dispaten					
Order or Invoice Number:			Date Order Was Placed:				
Compan	ny/Customer Name:		l .				
Address	::						
Phone Number:			Email:				
Contact	:						
Return	Details:						
Qty	Product Code	Details	Reason Code	Refund (Y/N)	Repair (Y/N)	Exchange (Y/N)	Qty/Product Code
Reason	Cadan						
Reason	Codes:						Please return to:
B - Dam C - Inco D - Fau E - No L	rier Damage naged Product orrect Product Receive Ity Product Longer Required (Exchar ler (Give details below)	ed nge only, unless purchased within the la	ast 28 days)				Returns Department Swanson Mackay Unit B2, West Point Ind Est, Penarth Road, Cardiff. CF11 8JQ
						E : cardiff.sal	T: +44 (0) 2920 706400 les@swansonmackay.co.uk

Please Note:

- All Returns require a Return Number
- A Return Number is valid for 14 calendar days after it is issued; this Returns Policy does not affect your statutory rights
- Refunds are applied to the payment method used at the time of purchase and will be issued within 14 days after our receipt of the returned merchandise; please allow 5 working days for inspection
- All returned merchandise must be in resaleable condition with all original packaging and paperwork
- Custom-produced or otherwise unsaleable products are non-returnable

For Internal Use Only			
Authorised by:	Warranty Y/N	Restocking Fee (Y/N)	Inspected By:
Date Received:	Date to Manufacturer:	Logged By:	Date to Customer:
Inspected By:	Date from Manufacturer:	No Fault Found (please tick if relevant):	Tracking No: