

Returns Form

(Please write clearly)

Invoice/Sales No.	
Item Name:	
Payment Method:	
Date of Purchase:	

Please clearly state nature of fault(s):

How would you like to proceed? (Please circle)

Item Refund / Item Replacement / Other (Please specify below)

I declare all information I have presented above is correct and understand legal action may be taken against me or refund/replacement refused for any false information.

Print Full Name:

Sign:

Date:

Please make a copy of this form for yourself and enclose the original with returned item and ALL original item packaging. Item must be returned via consigned and insured carriage. Thanks.

Return to: Optom Shop Limited, 81 Clifton Road, IV31 6DP

For a full list of terms & conditions, see: www.optomshop.co.uk/terms.htm