

Returns Form

Date

Please complete in full and return with the item so that we can ensure that this is processed correctly. Returns cannot be processed without this.

Full Name	
Address	
Postcode	
Contact Number	
Email Address	
Goods Return Number	
Invoice Number	
Product Returning	
Reason for Return	
Type of refund	Credit/Refund
Type of Toland	- Oldale Folding
	tions you are liable for the return costs to us and we must receive
the item in a new and unus come back in this condition	ed condition to process a credit or refund. Anything that does not cannot be refunded
For warehouse use only	
Received date	
Product code	
Serial number	
Condition	New
	Used
	Damaged
Refund process date	