

RETURNS FORM



Personal Details

Title	Mr / Mrs / Miss	Account No.	<input type="text"/>
Forename	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Tel	<input type="text"/>
Mobile Tel	<input type="text"/>	Email	<input type="text"/>

Items for Return

Reason Code

Action Code

Description	Reason Code	Action Code
Description		
Description		
Description		
Description		
Description		
Description		

Reason Code 1 = Wrong Item ordered 2 = Wrong item sent 3 = Faulty / Damaged
 Action Code A = Exchange B = Replace C = Refund D = Contact to Discuss

Cut out and attach to package...

Indian Motorcycle Classics Returns Dept

Clearwater
 Gibsmere
 Nottingham
NG14 7FS

Order Number

Return Address;
