



RETURNS FORM

Name:
Return Address:
Email:
Phone Number:

Product Name	Batch Number	Purchase Date/store	Reason for Return
<i>Shadow (example)</i>	<i>DAM</i>	<i>12/08/2009 Joe Browns</i>	<i>please inspect gate</i>

Additional Information

Print and return to:

Returns Department
DMM International
Y Glyn
Llanberis
Gwynedd
LL55 4EL
United Kingdom

INTERNAL USE ONLY

Date Received:
Returns Number:
Action:
Staff: