RETURNS



I would like to: (Please tick relevant box)				
Exchange the items li	sted Refund the	e items listed		
Billing address:				
Name				
Address				
Telephone				
Email used in transaction	າ			
Invoice number				
Delivery address: (if di	fferent)			
Name	IGI GI IL)			
•••••				
Address				······································
Reason for the replac	ement/return:			
Wrong size chosen	Item was faulty	Received wrong item	Other	
If 'other', please specify:				
Exchange items requi	ired:			
	1001		Size	Ougantity (
Description			Size	Quantity
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		th the completed form 1 7GD. United Kingdom		
For office use only (Do not fill o				
Refund/replacement processed	on: Checked by:			ee alaal
			WW	w.goalsoul.net