

## Returns form

WAREHOUSE INSTRUCTIONS	
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ORDER NUMBER	
FULL NAME	
EMAIL ADDRESS	
PHONE NUMBER	
ORIGINAL DELIVERY ADDRESS	
DATE GOOD RECEIVED	
DATE GOODS SENT BACK	

ITEM DESCRIPTION (S)	
DESCRIPTION OF FAULT <i>IF APPLICABLE</i>	
NOTES	

**Please include completed form and return to: 😊**

**Simply Hammocks**  
Laminvale Dept.  
Barkestone Ln,  
Bottesford,  
Nottingham  
NG13 0DH