

## Returns form

WAREHOUSE INSTRUCTIONS	
------------------------	--

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  
Upper Floors  
1 Chantry Wynd  
Finkle Street  
Richmond  
North Yorkshire  
DL10 4QE**