



SCHOOSE RETURNS FORM

Please complete this form and include it with your return

NAME:

ADDRESS 1:

ADDRESS 2:

POSTCODE:

ORDER NUMBER:

ITEM	QTY	REASON	PRICE

TOTAL REFUND AMOUNT:

PLEASE RETURN TO:

Schoose, New Portreath Road,
Redruth, Cornwall, TR16 4QL

ANY QUESTIONS?

01209 843815
enquiries@schoose.co.uk