

Returns & Exchanges Form

Before filling out this Form - please check the following:

- 1) This return is being sent within 14 days of receiving your order.
 - 2) Items are being returned in the same condition as received.
 - 3) Original packaging & proof of purchase included.

Name:		ORDER Number:		
Phone Number:		School:		
Email Address:		Date Returned:		
Delivery Address:				
I would like to: Change Size Other Please Specify				
Items Being Returned:				
Description	Size	Qty	New Size Requested	Qty
Comments:				
Delivery Details:				
Original Order Address New Address Please Specify				
Please print off this form and return with your items via tracked post or courier to: The School Uniform Company, PO Box 342, Silverdale Box Lobby, Auckland 0944.				
We will proceed your request promptly and conditions replacement items freight free				