

RETURN FORM



TIME:O:STAT

Name			
Order #			
Model & Quantity Returned	Wireless Time:o:stat <input type="checkbox"/>	Wired Time:o:stat <input type="checkbox"/>	
Condition	Used <input type="checkbox"/>	As new <input type="checkbox"/>	
Request	Refund <input type="checkbox"/>	Replace/Refurbish <input type="checkbox"/>	
Reason for Return (including nature of any fault)			
Address			
Phone			

Post your return with this form to:

*Timeostat Returns (XITEK), Unit B2 The Haysfield,
Spring Lane North, Malvern, WR14 1GF*

Please also photograph this page with your phone and
email to: support@timeostat.co.uk