

CUSTOMER RETURN FORM

DATE OF RETURN

DD

MM

YYYY



CUSTOMER ACCOUNT NUMBER

CUSTOMER NAME

NAME OF PERSON RETURNING

CUSTOMER RETURNS NUMBER
PROVIDED BY LONDON BIO
PACKAGING CUSTOMER SERVICE

R

BOX NUMBER

OF

CUSTOMERS PLEASE NOTE RETURNED ITEMS WILL ONLY BE ACCEPTED WITH ONE OF THESE RETURN FORMS ATTACHED. RETURNED ITEMS WILL BE CREDITED ONCE RECEIVED IN GOOD CONDITION. ALL ITEMS THAT ARE BEING RETURNED SHOULD BE IN THE ORIGINAL SEALED BOX. *PLEASE NOTE* THE RETURNS NUMBER SHOULD BE QUOTED ON ALL BOXES BEING RETURNED.

PLEASE RETURN THIS FORM TO:

**GOODS IN,
LONDON BIO PACKAGING,
UNIT 10,
THE ARENA,
MOLLISON AVENUE,
EN3 7NL**