

## RETURNS NOTE

### SPEED UP YOUR RETURN

#### Section 1 – Your Details:

Date:
Name:
Address:
Post Code:
Tel No:
Invoice Number:
Transaction Number:

- Please complete in BLOCK CAPITALS. Complete section 1 and 2 in full as these details are required to complete the returns procedure
- If you need to explain in detail why you are returning a product please attach a letter to this form with your reasons.
- Please ensure all returned items are sent in pristine condition, unworn/unused and in their original packaging.
- Please ensure items are returned via a delivery service that obtains proof of delivery.
- The PPSS Returns Address Label MUST be used on all parcel. Please print this off and attach to the outside of your parcel with all information completed.
- All authorised returns must include this 'Returns Form', with all sections completed. Goods will not be accepted and will be returned to the customer if this process is not adhered to.
- Please note that this form is only valid for 14 days, from the date of order received.

#### Section 2 – Returned Items:

(A)-Incorrect Goods Delivered, (B)-Incorrect Goods Ordered, (C)-Damaged Goods, (D)-Faulty Goods, (E)-Duplicate Order,

(F)-Other (please specify) \_\_\_\_\_

Item Description	Quantity	Size	Colour	Return Reason/Letter	Exchange/Credit

- In completing this form you have agreed to our terms and conditions.
- It is the purchaser's responsibility to check all goods for quality and correctness upon receipt.
- All returned goods will be inspected for any sign of use, damage, misuse or neglect. If there is any doubt we reserve the right not to exchange or give a refund.
- This returns note must be enclosed with your parcel. This parcel will be rejected if the form is not enclosed
- No goods will be authorised for return that were purchased more than 14 days ago from receipt of delivery.
- Items to be returned to the address below

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PPSS Ltd  
Unit 603 Avenue D  
Thorp Arch Estate  
Wetherby  
West Yorkshire  
LS23 7FS  
United Kingdom

Original Airway Bill #

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Product Description

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Quantity \_\_\_\_\_

**Customer Return**

**Duties and Taxes Paid on original import**