



When returning Shoes please send back this Form

(please tick appropriate Box)

Name	Invoice Number	Date Ordered
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason of Returning	Would you like	
Wrong Size - <input type="checkbox"/>	Different Size - <input type="checkbox"/>	Size - <input type="text"/>
Quality Issue - <input type="checkbox"/>	Different Style - <input type="checkbox"/>	Style - <input type="text"/>
Change of Mind - <input type="checkbox"/>	Refund - <input type="checkbox"/>	

Please return goods to the address above within 14 days and in the same condition as received

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