



# Returns Form

Date: / /

<b>Order ID:</b>	<b>Customer name:</b>
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<b>Item/s being returned:</b>
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<b>Reason for return:</b>
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Do we need to send a replacement/different size?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Has the item been received in the warehouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does the customer need to be refunded or charged for the shipping of the returned item?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Notes:</b>
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