

Professional Healthwear

ONLINE ORDERS RETURNS FORMS

Return to:
Professional Healthwear
Basement
64 Merrion Square
Dublin 2

Returns Form

Customer Name	
Customer Address	
Order Number	
Date order Placed	
Date order Received	

I wish to withdraw from my contract of sale for the item (s) below.

Customer Signature

Date

Description	<u>Size</u>	<u>Exchange</u>	<u>Refund</u>	<u>Reason code</u>

Reason Code

- A Wrong size
- B Wrong item
- C Faulty item