



RETURNS FORM

NAME	
ORDER NUMBER	
ADDRESS	
CONTACT NUMBER	

ITEM BEING RETURNED	
REASON FOR RETURN	
<input type="checkbox"/> REFUND <input type="checkbox"/> EXCHANGE DETAILS IF REQUIRED:	

ITEM BEING RETURNED	
REASON FOR RETURN	
<input type="checkbox"/> REFUND <input type="checkbox"/> EXCHANGE DETAILS IF REQUIRED:	

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REASON FOR RETURN	
<input type="checkbox"/> REFUND <input type="checkbox"/> EXCHANGE DETAILS IF REQUIRED:	

Please send returns to:

RETURNS
AYRSHIRE SCHOOLWEAR
7-9 PRINCES STREET
KILMARNOCK
KA1 3DD