SimplyMed Ltd

Tel - (01942) 243 999

Email - info@simplymed.co.uk

RETURNS FORM

STEP 1

Complete the form in BLOCK CAPITALS and enclose with returned items.	Name -
New & unused goods should be returned within 7 days for a refund/exchange.	Address -
Invoice numbers can be found on the top right of your invoice/packing note.	
Any special instructions or additional information to include can be written on the reverse of this form.	Post Code -
Please ensure a daytime contact number is provided for items on exchange as we may need to contact you to confirm.	Daytime Telephone -
, , , , , , , , , , , , , , , , , , , ,	Email -
Any questions please phone us on 01942 243 999	Invoice Number -

STEP 2

Item	Please tick Refund Exchange		Reason

STEP 3

Please ensure all items for refund or exchange are returned in the condition as sent to you with packaging and tags/labels attached for resale purposes. Please wrap the goods securely then cut out the address below and attach to the parcel for shipping. (Royal Mail Recorded post is recommended with proof of posting). Please note we do not reimburse these costs and cannot be responsible for parcels until received.

SIMPLYMED LTD

RETURNS DEPARTMENT, UNIT 17A

CINNAMON BROW INDUSTRIAL ESTATE, MAKERFIELD WAY

INCE, WIGAN, LANCASHIRE, WN2 2PR