

Returns Form (Please tick relevant boxes)

1. What wou	ld you like to do?			
Exchange		Refund		
2. Reason for	r exchange/Refun	nd?		
Item is wro	ong size	☐ Items is faulty		
☐ Item is not	what I ordered	Other (Please give details below)		
3. Item(s) be	ing returned			
Part Number	Description		Size	`Quantity
4. If you want an exchange, what new item(s) would you lik Part Number Description			Size	`Quantity
5. Billing Add	lress			
Name				
Address				
Post Code Contact Number Email Customer A/C				
Order/Invoice No.				

Pack up your item(s) you want to return with this form and send by recorded delivery to;

Marine Super Store Ltd, 7-11 The Slipway, Port Solent, Portsmouth, Hampshire, PO6 4TR