



PRODUCT RETURNS FORM

PLEASE INCLUDE THIS IN YOUR PARCEL
AND YOUR PROOF OF PURCHASE

YOUR NAME:

YOUR ADDRESS:

YOUR EMAIL:

YOUR PHONE NUMBER:

DATE:

REASON FOR RETURN (PLEASE TICK)

ITEM DOESN'T FIT

INCORRECT ITEM

FAULTY ITEM

OTHER (PLEASE SPECIFY)

ACTION REQUIRED (PLEASE TICK)

EXCHANGE

REFUND



RETURNS LABEL

PLEASE STICK THIS TO YOUR PARCEL

USG UK RETURNS
UNIT 9, RIVERSIDE
LANGFORD
BIGGLESWADE
BEDS
SG18 9RZ