

CLAD SAFETY RETURNS FORM

Collection Address:

| Employee Name: | | | | Collection Address: | | | |
|------------------------|--|--|-------------|----------------------|-------------|-------------------|--|
| Contact Tel. Number: | | | | | | | |
| Delivery Note Number: | | | | | | | |
| Order Ref: | | | | | | | |
| | | PROD | UCT DET | AILS | | | |
| Item Ref | Description | | | Size | Quantity | Reason for Return | |
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| Reason Key: | NS Not suitable WS Wrong Size F Faulty | | | | | | |
| Comments: | | | | | | | |
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| Do you require a payme | nt card refun | d? ☐ Yes | □ No | | | | |
| If yes: | | Please contact Customer Service at Clad Safety on 0800 161 3661 | | | | | |
| | Plea | se email to <u>sales@c</u> | adsafety.co | .uk for R | eturns Note | | |
| | Apparel Returns/Credit Ref: | | Courier (| Courier Booking Ref: | | Collection Date: | |
| Office Use Only: | 7_ | 7 | | | _ | | |
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