## SOINVOGUE®

## **RETURNS FORM**

Need to make an exchange or return?

Simply complete the below form and return with your product within 28 days of delivery to:

Unit 8 Queens Square, Ascot Business Park Lyndhurst Road

Ascot

SL5 9FE				
Name:				
Address:				
Country:				
Postcode:				
Phone Number:				
Please refer to your delivery note for this information.				
Order Number:				
Product Name	Qty	Refund	l/Exchange	Reason Code
Troduct Name	Qty	Kerund	I/LACHAIIGC	Reason Code
Defende				
Refunds Payment method used:				
	earpay			
Exchange Details				
If you have indicated 'exchange' above, please detail the pr (Replacements must be of equal value to the purchased item).	oduct you wou	ıld like as re	placement.	
Product Name	Qt	y		
			Reason C	Codes
			1. Faulty/Dam	naged
			2. Incorrect It	11.00
			3. Not as pict	ured
			4. Other (pled	ase explain)