

RETURNS AND EXCHANGE FORM



Please send the completed form and a copy of your invoice together with the items you wish to return back to your allocated COP Shop. Please ensure that correct postage has been paid.

Return for Order Number: _____
(the Order Number can be found in your order confirmation email)

1. CUSTOMER

Customer Number: _____ (your Customer Number can be found on the invoice)

Address (if different to invoice address)

Name	:	_____
Street/Nr.	:	_____
Postcode/Town	:	_____
Phone	:	_____
Email	:	_____

2. RETURNED ITEMS

Quantity	Article Number	Article Name

I would like (please tick): ☐ Exchange (please fill in **3. Exchange Request**)

☐ Refund (to original payment method)

3. EXCHANGE REQUEST (I want to exchange the items I received for the following goods)

Quantity	Article Number	Article Name	Size	Colour

4. REASON FOR RETURN

<input type="checkbox"/> wrong size	<input type="checkbox"/> doesn't match picture or description	<input type="checkbox"/> ordered wrong item
<input type="checkbox"/> I don't like the article	<input type="checkbox"/> faulty/poor quality	<input type="checkbox"/> received wrong item
<input type="checkbox"/> Other reason: _____		