

Please fill in this form in BLOCK CAPITALS.

Please ensure all garments for return meet the conditions of our return policy.

Please ensure you have entered your order number or invoice number. Incomplete returns forms will not be processed.

If you have any questions, please call us on +353 1 864 7350 or email sales@promowear.ie.

RETURN FORM							
NAME: TE			TEL:		DATE:		
ADDRESS:				ORDER/INVOICE NUMBER:		R:	
RETURN CODE							
Please enter t	the appropriat	e code in the sect	ion outlined	d 'RETURN CODE' that o	closel	y matches your requirement	t
						_	
1	Wrong item			6		Samples for return	
2	Faulty/Dama			7		Samples to be used towards order	
3	Not satisfied			8		Did not fit	
4		em/size/quantity		9		No longer required	
5	Exchange (specify in additional info)			25	ı	Other (specify in addition	ial info)
QUANTITY	UANTITY SIZE PRODUCT			DESCRIPTION		RETURN CODE	
QUANTITI	TITTY SIZE PRODUCT		<u>C1</u>		DESCRIPTION		RETURN CODE
	 	 					
		 					
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ADDITIONA	<u>I</u> L INFORMAT	ION:					
RETURN ADDRESS							
				Promowear Ltd.			
			Unit D!	5 North City Business Parl	k,		
				Finglas, Dublin 11			ļ
D11 AHK5							