

# Masterclip Returns Form

## Customer Details

Customer name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Order Number: (if known) \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Item sent for return: \_\_\_\_\_

Reason for return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include this form along with your returned goods and send to:

Masterclip Returns  
Tugby Orchards  
Wood Lane  
Tugby  
Leicester  
LE7 9WE