

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 returns form along with your returned goods and send to:

Masterclip Returns
c/o Outlandish Items
Carlton Grange Farm
Three Gates Road
Carlton Curlieu
Leicestershire
LE8 0PQ