

RETURNS FORM

Your Name:	
Order Number:	
Your Address:	Address for replacement product to be sent (if different):
Postcode:	Daytime Telephone no:



PRODUCT NAME	QUANTITY	REASON FOR RETURN	PREFERRED ACTION



Please send all returns, along with this form to:

Returns department, Throstlenest Saddlery, Silkstone Common, Barnsley, S75 4QX

PLEASE NOTE: We reserve the right to withhold a percentage of the refund value of returned goods if the product or packaging is in such a condition that the product needs to be reduced in price for resale. This does not affect your statutory rights.