

# Returns Form



## Order Summary

Name:	Post Code:
Contact Number:	Email:
Returns Authorisation Number:	

## Please Return To:

Premier Healthcare & Hygiene Ltd (Returns)  
 9 Halifax Court  
 Dunston  
 Gateshead  
 Tyne & Wear  
 NE11 9JT

Quantity	Product Description	Incorrect Item? (Y/N)	Refund? (X)	Exchange? (X)	Replacement Details	Fault (If Applicable)

Please contact our Returns Department on 0191 4611 788 to obtain a Returns Authorisation Number before submitting this form.

Fill in the form giving details of the item and quantity being returned and whether or not the item you received was the same as the item you ordered. Please mark the relevant box letting us know if you would like a refund or exchange. If you would like an exchange, fill in the "Replacement Details" box.

If the item is faulty, please give details in the "Fault" box.

For details of our returns policy please refer to [www.premierhh.co.uk/returns](http://www.premierhh.co.uk/returns)

This policy does not affect your statutory rights

## Additional Comments