

VX3 CUSTOMER RETURNS FORM

You may return faulty or defective goods to us within 28 days of purchase for a refund or exchange, provided that the products are returned to us in their original condition including all of the original packaging, wrapping and swing tickets.

3 EASY STEPS TO RETURNING YOUR ITEMS

1. Fill in the returns form below.
2. Repackage the items securely and enclose the returns form.
3. Attach the returns label to your parcel (on the top right hand side of the front of the dispatch note) and return the parcel to us at the address shown. Please note this is not a prepaid service.

VX-3 / Design Source Supply cannot accept responsibility for any goods lost in transit. We recommend using a recorded service for greater security and assurance.

Returns Address:

VX3 Returns Dept, Unit 2 Dafen Trade Park, Dafen, Llanelli, SA14 8NA

VX-3 offers a FREE exchange service. To exchange your goods for a different size, colour or item simply fill in the Returns Form below and send the goods back to us. We will then re-send the replacement item(s) back to you on standard delivery service at no extra cost.

PLEASE NOTE: We cannot accept returns of bespoke or personalised items which have been printed or embroidered with a club badge, initials or names.

VX-3 Head Office: 01269 500010 | email: returns@vx-3.com

Name: _____ Order Number: _____ Tel: _____

Address: _____

Post Code: _____

RETURNS FORM: Please fill in this form if you would like to return any item(s)

Code	Description	Size	Reason for return	Qty	Price	Action (please tick)
						Exchange <input type="checkbox"/> Refund <input type="checkbox"/>
						Exchange <input type="checkbox"/> Refund <input type="checkbox"/>
						Exchange <input type="checkbox"/> Refund <input type="checkbox"/>
						Exchange <input type="checkbox"/> Refund <input type="checkbox"/>
						Exchange <input type="checkbox"/> Refund <input type="checkbox"/>
						Exchange <input type="checkbox"/> Refund <input type="checkbox"/>

If items are being returned due to a fault, please give full details and location of the fault in the space below:

EXCHANGES : If exchanging items, please list below the replacement items

Code	Description	Size	Qty	Price

Please debit/refund my VISA / MASTERCARD / MAESTRO / SOLO

Card Number:
 Expiry Date: /
 Issue No:

Valid From: /
 CVC No:
(Last 3 digits on reverse of card)

Signed: _____ Date: ____ / ____ / ____

Sub Total	
Standard Delivery	FREE
Total	

**VX-3 RETURNS DEPT,
UNIT 2,
DAFEN TRADE PARK,
DAFEN,
LLANELLI,
SA14 8NA**

Order Number:

Return Address: