

Please print, complete and return this form along with your item.

Returns no.....

Name.....

Address.....

.....

.....

E Bay ID.....

Date Purchased.....

E Mail Address.....

Telephone no.....

Reason/s for return/detailed description of fault:

.....

.....

.....

.....

Action required.....

For office use only

Item tested?

Detailed description of fault

Sign and Date

Return Address:

VisioSound Returns

Unit W1 Tenterfields Business Park

Burnley Road

Halifax

W Yorkshire

HX2 6EQ

