



GOODS RETURNED LABEL

(please enclose in parcel)

Contact name:

Company name:

Address:

Telephone:

Email:

Order ID: SFL

Order date:

Date returned:

Goods returned/enclosed:

PAYMENT DETAILS

(to process refund, if applicable):

Total paid: £

Method of payment:

Last 4 digits on card:

Start date:

Date of payment:

Name on card:

Expiry date: