

Returns Form

All fields must be completed



Returns Address: Solheim Cup, Unit J, Brocks Business Park, Homefield Road, Haverhill, Suffolk, CB9 8QP

Customer Name: _____

Customer Address: _____

Order Number: _____

All fields must be completed
Please print this form and if all fields have not been completed then your return may not be processed
Please note that an exchange due to non-faulty product must be accompanied by a cheque to cover postage made payable to Level 4 Golf.
Return costs are the sole responsibility of the customer.

Item Name	Item Description (Size/Colour etc...)	Exchange /Refund?	Exchange Item Name and Description

If you are returning this item because you believe it to be faulty, please provide detail of the fault you have found below:

Date of return: ___/___/___

Customer Signature: _____