

RETURNS FORM

Customer Information

Full Name:	Order No:
Address:	Order Date:
	County:
	Post Code:
Reason for Return	

Returns Information

If you would like to return your item(s) to us, please **send this form AND the item(s)** to us to begin the returns process

Team Cycles

11B, Second avenue Team Valley Trading Estate Gateshead NE11 ONF

0191 300 1590 sales@teamcycles.org