



# RETURNS FORM

## Customer Information

Full Name:	<input type="text"/>	Order No:	<input type="text"/>
Address:	<input type="text"/>	Order Date:	<input type="text"/>
		County:	<input type="text"/>
		Post Code:	<input type="text"/>

## Reason for Return

[illegible]

## Returns Information

Please complete and return the form to us to begin the  
returns procedure

## Team Cycles

Studioi 11B, Second avenue  
Team Valley Trading Estate  
Gateshead  
NE11 0NF

**0191 300 1590**

**sales@teamcycles.org**

**WWW.TEAMCYCLES.COM**