Returns Form (Pre-authorised)



This form should only be used in conjunction with a pre-authorisation ticket number issued from customer services. Please contact: https://support.insigniashowers.com and submit a ticket request.

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Customer Name / Address:			ontact Num	ber:					
		o	rder Numbe	 er:					
			Order Number: Customer Service Ticket Number:						
Want to return ar	n item?								
are at the cost of this will be sent up on back order or a place, please allow	the form and return it with the items the customer and we recommend u con receipt of the original part. If fo a refund will be issued. If refund is re y up to 10 working days after the er sing the original Payment method us	sing registered r any reason the equired an em mail date for th	d post. If an ne item(s) a ail will be se ne funds to a	exchange or re out of stocent to confirmate appear in you	replace ck, the in the re our accou	ment tem(s fund l	is re) wil has t	equire I be p taken	d laced
Product Code	Item Description	Quantity	Return	Comments					
			Code						
Reason for return	codes: A = Exchange required, B = P	Product not red	quired, C = I	tem is faulty,	D = Pro	oduct	was	not o	rdered
dealer, please stat	please use the comments section to e which dealer the item was purcha nly use transparent, polypropylene	sed from. NEV	ER USE DUC	CT TAPE OR M	1ASKIN0	G TAP	_		signia
×									
	Affix to the fro	nt of your retu	ırn parcel						
CUSTOMER RETURNS								Posta Requir	~
Insignia							L		╝
9a Deans Ro									
Old Wolvert									
Milton Keyr									
Buckinghamshire Order Nu MK12 5NA							Numb	er:	
INIVIC DINA									