



# ULTRACEUTICALS

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## **CONSUMER RETURNS FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Eircode: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Mobile : \_\_\_\_\_

Order No: \_\_\_\_\_

Name of Product Purchased: \_\_\_\_\_

Date Product Purchased: \_\_\_\_\_ Purchased From: \_\_\_\_\_

Batch Number: \_\_\_\_\_

Reason for Return:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_