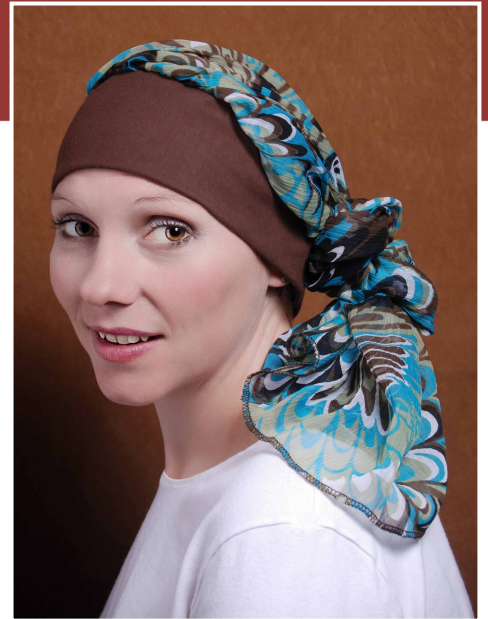


Cosifit Returns Form



Order No. _____

Name _____

Address _____

Town/City _____

County/State _____

Post/Zip Code _____

Country _____

Item(s) you are returning

Item Description	Return Code (see below)	Price

Total Credit(s) _____

Return Codes 1 = Too Small 2 = Too Large 3 = Colour 4 = Style 5 = Not as expected 6 = Changed my mind/Not needed

Important Note: A credit can only be given if the item(s) is returned unworn and free from any damage.

Items you would like to exchange

Item Description	Price

Sub Total _____
Postage/Shipping and Packing _____
TOTAL _____

If the purchase total is less than the return total, Cosifits will credit the original credit card charged. If, however, the purchase total is greater, please complete IN FULL your credit card details as below:

NAME OF CARD _____ CARD NUMBER _____

NAME INDICATED ON THE FACE OF THE CARD _____

EXPIRY DATE _____ SIGNATURE OF CARD HOLDER _____

SEND TO: COSIFIT HEADWRAPS LIMITED, 16 BANNER WAY, STONE CROSS, PEVENSEY, EAST SUSSEX BN24 5FE