

## Exchange or Return Form

**WE STRONGLY ADVISE TRYING THE GARMENT ON IMMEDIATELY UPON RECEIPT TO ENSURE CORRECT SIZE.**

Please send your return to: ***macom returns, 3.17 The Plaza, 535 Kings Road, London, SW10 0SZ***

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**If for any reason you wish to return your order, you may do so only if the following conditions are met:**

- Return must be postmarked within 14 days of receipt for a refund.
- Garments must not have been worn, washed, damaged, soiled (with stains); please wear underwear when trying on garments.
- Make sure the product you return is in its original condition, tags and packaging included, otherwise we will be unable to accept your return.
- Use caution if members of your household are smokers; returned items with any scent of smoke or other odours (perfumes, cooking, etc.) will, under no circumstances, be eligible for refund.

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Normally refunds are processed the next working day after receipt.

When returning item(s), we strongly advise sending back **Recorded Delivery** to ensure tracking. Use the cheapest traceable service at your local Post Office.

If the product you have received is faulty or if you need more information, please e-mail Customer Services at [help@macom-medical.com](mailto:help@macom-medical.com) or call us on **0207 3510488**. We will be happy to help and answer any questions you may have.

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Refunds will cover the cost of the goods only; **any delivery charges cannot be refunded.**

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**Please complete the following information:**

1. Customer Name \_\_\_\_\_ Order Number: \_\_\_\_\_
2. Billing Address \_\_\_\_\_
3. Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

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Reason for return:

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Too small | <input type="checkbox"/> Too long              | <input type="checkbox"/> Operation has been cancelled                    |
| <input type="checkbox"/> Too big   | <input type="checkbox"/> Don't like the fabric | <input type="checkbox"/> Purchased multiple sizes/colours for comparison |
| <input type="checkbox"/> Too short | <input type="checkbox"/> Don't like the style  | <input type="checkbox"/> Other (please specify) _____                    |