



RE-SLING FORM

Name:
Return Address:
Email:
Phone Number:

Product Name	Batch Number	Quantity
<i>Dragon Cam (Example)</i>	<i>123456789X</i>	<i>1</i>
Additional Information		

Print and return to:

Returns Department
DMM International
Y Glyn
Llanberis
Gwynedd
LL55 4EL
United Kingdom

INTERNAL USE ONLY

Date Received:
Returns Number:
Action:
Staff: