

RETURNS CLAIM



Please provide us with the information outlined below. This information must accompany all returns.

Personal Details

Name:

Company:

Street Address:

Town/Suburb:

State:

Postcode:

Country:

Email Address:

Contact Phone: (_____) _____

Preferred Contact Time:

Product Details

Returned Item:

Code # :

Receipt # :

Order Date:

Reason for return:

What would you like us to do?

- Replace with another of the same product
- Refund my credit card (if you paid by credit card only)
- Refund by posting me a cheque or international money order.