

Identiseal
PO Box 63
Bayswater
Victoria 3153



ABN 51 151 191 338

1800 060 091

RETURNS CLAIM

Please provide us with the information outlined below. This information must accompany all returns or your claim will not be processed.

Name: _____

Company: _____

Street Address: _____

Town/Suburb: _____

State: _____

Postcode: _____

Email Address: _____

Contact Phone: (____) _____

Preferred Contact Time: _____

Product Details Returned Item: _____

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 to my bank account
 - BSB _____
 - ACC # _____
