

RETURNS FORM

Please Tick one; Exchange Refund Store Credit

First Name: _____ Last Name: _____

Mobile: _____ Email: _____

Address: _____ Suburb: _____ PC: _____

If this request is for a refund, please give reason;

If this request is for store credit or exchange please fill in details below;

Item for Exchange

Item #	Item Name	Price Paid	Date Purchased	Size, color Etc...	Reason ie: Did not fit

Replacement Item

Item #	Item Name	New Price	Today's Date	New size, Color etc...	Reason ie: Did not fit

Signed: _____ Dated: _____

Office Use Only

Date Received: ____/____/____ Receipt Provided: Yes/No Approved: Yes/No By Who: _____

Refund Cheque required: Yes/No Amt: \$ _____ Customer payment received (if any): Yes/No

Customer payment for: 2 x Postage / Exchange amt / Other: _____