

## Returns Information

Name:

Street Address:

Town/Suburb:

State:

Postcode:

Country:

Email Address:

Contact Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Contact Time:

Product Details

Returned Item:

Receipt Number:

Order Date:

Reason for return:

What would you like us to do? (We refund payment to you the way in which it was received)

- a. Replace with another of the same product
- b. Refund my credit card (if you paid by credit card only)
- c. Refund by direct deposit into a nominated bank account.