



Returns Form

Date __ / __ / ____

Please return items to: PO Box 644, Rangiora, North Canterbury

Original Order Number:	
Name:	
Contact Phone:	
Email Address:	
Delivery Address:	

Reason for Return:	

Item Returned	Size	Color	Quantity	Price

Exchange ?

Please exchange for:			
Difference in Price: (if any)	\$	To pay / refund (please circle one)	\$

Total \$

Payment Details:

Bank Payment (full name as reference)

Credit Card

Credit Card Number

Expiry Date

Name on Card

Signature