

RETURNS FORM

CUSTOMER DETAILS

Name _____

Company _____

Street _____

Suburb _____

City _____

State _____

Post Code _____

Country _____

Phone (Work) _____

Phone (Home) _____

Mobile _____

Email Address _____

PRODUCT DETAILS

Order Number _____

Order Date _____

Product Description _____

Reason for Return _____

PLEASE ADVISE IF YOU WISH US TO

Exchange for the same product?

Refund your credit card?

Direct credit your bank account?

Bank _____

Branch _____

Name on Account _____

Account No _____

Your satisfaction is our number one priority, so please take the time to familiarise yourself with our returns and refund policy.

Please wrap the returned product carefully so as to avoid damage during transit. Returned products must include any additional material such as manuals and product packaging.

Returned products are your responsibility until they reach us, including delivery charges and insurance. We shall not be responsible for misdirected shipments or products lost or damaged in transit.

Please complete this form and return it together with the product to:

Optima Style

PO Box 21088, Edgware
Christchurch, New Zealand