

CUSTOMER & ORDER DETAILS

ORDER NUMBER: _____ DATE: _____

NAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE NUMBER: _____ EMAIL: _____

ITEM CODE/S OF PRODUCTS BEING RETURNED AND QUANTITY:

HAS THE PRODUCT BEEN USED: (EXCEPT TO TRY ON FOR SIZING)? YES NO

WOULD YOU LIKE AN EXCHANGE OR REFUND? EXCHANGE REFUND

IF YES TO AN EXCHANGE; PLEASE SPECIFY SIZE: _____

REASON FOR RETURN

INCORRECTLY ORDERED

ITEM NOT SUITABLE

PRODUCT FAULT

INCORRECTLY INVOICE/RECEIVED

ADDITIONAL NOTES

COMPLETED FORM TO INFO@SUPPORTBRACE.COM.AU TO OBTAIN A RETURNS AUTHORISATION