

Exchange Form Please print clearly



PO Box 8496
GCMC 9726
0448 848 816

Delivery Details

Name _____
 Address _____
 Town/city _____
 State _____ Post code _____
 Phone (day) _____ (night) _____
 Mobile _____
 Email _____

Payment Method for postage for exchanged product

cheque money order credit card

Cardholder Name _____

Amex Visa Mastercard

card number

□□□□ □□□□ □□□□ □□□□

Signature _____ Expiry date: ____ / ____

Returned Product

JP item code	Colour/Print	Size	Price per unit	Qty	Total

Replaced Product

JP item code	Colour/Print	Size	Price per unit	Qty	Total
Sub total					
Delivery					
Total					



JP's not your ordinary pj's by Jo and Paula