

# Return Form Please print clearly



PO Box 8496  
GCMC 9726  
0448 848 816

## Details

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

## Please advise us on how you would like your payment refunded.

- credit card    cheque    deposit into my bank account

Cardholder Name \_\_\_\_\_

- Amex    Visa    Mastercard

card number

□□□□ □□□□ □□□□ □□□□

Signature \_\_\_\_\_ Expiry date:   /

Bank Account Name \_\_\_\_\_

BSB Number

□□□□□□

Bank Account Number

□□□□□□□□

## Returned Product

	Colour/Print	Size	Price per unit	Qty	Total

## Replaced Product

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



*JP's not your ordinary pjs by Jo and Paula*