



## GOODS RETURN / WARRANTY FORM

PLEASE SELECT:

EXCHANGE

RETURN

WARRANTY CLAIM

### CUSTOMER DETAILS:

ORDER NO.			
NAME			
POSTAL ADDRESS	STREET:		
	CITY:	STATE:	POST CODE:
	COUNTRY:		
EMAIL			
PHONE			

### ITEM(S) YOU HAVE RETURNED:

PRODUCT NAME	REASON FOR RETURN	PRICE

### PLACE NEW ORDER (EXCHANGES ONLY):

PRODUCT NAME	REASON FOR RETURN	PRICE

PLEASE SEND THIS FORM WITH YOUR WATCH TO:

DEON DANE

PO Box 29

St Peters, NSW 2044