



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