



RETURNS FORM

Return Address:

Dead Strobe Returns
12 Cowper Ave
Charlestown
NSW, 2290

Your Details

NAME: _____

Order No: _____

Please list the item/s that you would like to return:

Item Name:

Reason Code:

Reason Codes:

1 – Too Small

2 – Too Big

3 – Too Short

4 – I don't like it

5 – Faulty

6 – Not as described

7 – Change of mind

I would like a:

Refund ()

OR

Exchange ()

Please list the item/s you would like to exchange for:
