



0484 058 831
info@plumkrazygarage.com.au
www.plumkrazygarage.com.au
PO Box 169 Bundaberg QLD 4670

Returns Request.

Please complete the following details and send through to info@plumkrazygarage.com.au or include the form in your packaging. All returns items are to be sent to **PO Box 169, Bundaberg QLD 4670** at the expense of the buyer.

Items are required to be packaged as per Australia Posts [guidelines](#).

Please ensure all returns meet the following [Returns Policy](#). Any returns that do not meet our Returns Policy will not be accepted. If your item is returned and does not meet the returns policy it will not be returned to you.

Order Number _____
Name and Address on Order _____ _____ _____
Reason for Return <input type="checkbox"/> Incorrect Choice -14 Days <input type="checkbox"/> Change of Mind - 14 Days <input type="checkbox"/> Wrong Item Supplied - 3 Days <input type="checkbox"/> Other. Please Specify _____
Order Date ____/____/____ Return Date ____/____/____
Product Returning _____

Within 5 business days of receiving your return, and subject to confirming it is in 'as-new' condition and the return meets our Returns Policy found here:<https://www.plumkrazygarage.com.au/policies/refund-policy> we will issue you with a store credit voucher via email in an amount equal to the price you paid for the product, less the cost to ship the product to you and the return shipping back to the warehouse. Credits are issued in the form of store credit.

Store credit voucher codes will be valid for one (1) year from the date of issue. We will not accept returns delivered in person to our offices or warehouse.



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Office Use Only:

- Return lodged within the required timeframe.
 - Incorrect Choice/Change of Mind - 14 days from the purchase date.
 - Wrong Item Supplied - 3 Days.
 - Purchase Date __/__/__ Return Date __/__/__
- The item/s being returned is in “as new” condition and has not been installed or damaged.
- Whole product received, no missing parts

Return Received _____

Return Processed: _____

Payment Method _____

Completed by: _____

Return Ref No: _____