

RETURN FORM

EYEWEAR INDEX

Customer information: (Please print clearly)

Order #: _____ **Order Date:** _____

Name: _____ **Tel No:** _____

Address: _____

City: _____ **State:** _____ **Zip/Postcode:** _____

E-mail Address: _____

Please list contents and quantity below:

Qty	Item Number	Description	Reason for Return*

*Reason for Return: Wrong item received Wrong item ordered Does not want Damaged in shipping Defective Other

Comments: _____

Once this form is completed, pack it with the item you are returning.

Send to:

EYEWEAR INDEX RETURNS
PO Box 7217
Alexandria NSW 2015
Australia