Returns Form

Postal Address
ATTN: Zamel's Online
PO BOX 976
Adelaide SA 5001

Date of Return

Invoice or Order Number

Return item code

1	
2	
3	
4	

Please specify

Reason for return (please tick)

☐ Change of mind ☐ Incorrect Item ☐ Faulty

Exchange to item code

1		3	
2		4	

Payment Options (please tick)

☐ Original payment method ☐ Online Gift Card ☐ In-Store Gift Card

By signing this form, you acknowledge and agree to the terms of our Refund and Exchange Policy available at https://www.zamels.com.au/pages/refund-policy

Signature _____ Date _____

customerservice@zamels.com.au www.zamels.com.au