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## **CONSUMER RETURNS FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Mobile : \_\_\_\_\_

Order No: \_\_\_\_\_

Name of Product Purchased: \_\_\_\_\_

Batch Number: \_\_\_\_\_

Date Product Purchased: \_\_\_\_\_ Purchased From: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

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