

Return Request Form

| Order Date: | |
|---------------------------------------|--|
| Order or invoice number: | |
| Amount Paid: | |
| Refund Request: Full Partial: Amount: | |
| Contact Information: | |
| Name: | |
| Address: | |
| State: Zip code: | |
| Phone: | |
| Email: | |
| Reason for return / refund request: | |
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Please return to:

Catnets: Unit 7 / 1-13 Childs Road, Chipping Norton, NSW 2170, Australia

- For all returns, please print out this form and place it back into the box with the item.
- Your item will be assessed when received, and your request will then be reviewed.
- For change of mind, your goods must be returned within 7 days and must be in original condition.