WHOLESALE PRESCRIPTION

WARRANTY CLAIMS PROCESS



Returns are easy - but must strictly adhere to the SafeStyle® claims process.

PROCESS

 $The purchaser \ must \ complete \ the \ below \ form \ and \ post \ the \ product \ with \ this \ form \ to \ the \ address \ below.$

SafeStyle® returns address: Unit 3 / 17 Pearson Way, Osborne Park, WA, 6017, Australia

You will receive an email confirmation which will include the outcome and next steps once your claim has been processed.

To process your claim we require the below information:

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Store Name:	Today's Date:
Order Reference:	
	(IF APPLICABLE)
Original Order Date:	Replacement Order Date:
Original Order Confimation Number: WP	Replacement Order Confirmation Number: WP
Original Invoice:	Replacement Invoice:
REASON FOR RETURN	
Faulty Frame	Dispensing Error
Faulty Lens	Other:
Non-adaption	Brief explanation for return:
Accessories	
WARRANTY AND CLAIM PERIODS	
Warranty claims for manufacturing defects must be received with must be received within 3 months of the original order. Coating cl ACCESSORIES: SafeStyle® Accessories are considered faulty if they a purchase. Please be aware that items damaged by you, through othe	aims must be received within 2 years of the original order date rrive damaged or if a manufacturing defect arises within 30 days of

IN ADDITION, the SafeStyle® warranty policy does not cover the following:

- Damage caused by natural disaster
- · Accidental loss or theft
- Eyewear store outside of supplied hard case

- Chemical exposure including sunscreen
- Accidental damage to the frame and/or lens
- · Wear and Tear/Scratch

NEFT	CF I	ISF	NI	VI.	V

Approved	Not Approved	Other
Credit #:	Reason:	

