

Return Request Form

Order Date: _____

Order or Invoice Number: _____

Amount Paid: _____

Refund Request type: Full Partial. Amount: \$

Contact Information

Name: _____

Address: _____

State: _____ Post Code: _____

Email Address: _____

Reason for Return/Refund Request?

Please return your item with this completed form included to:

Hardware Box: 42 Concorde Dr, Keilor Park VIC 3042

Please note: Your item(s) will be assessed when received, and your request will be reviewed. For "change of mind" returns, original shipping charges will not be refunded, and your goods must be returned within 30 days in original condition including packaging