



Return/Refund Request Form

Order number:

Purchase date:

Name:

Reason for return:

Please check:

- The return is made within 30 days: YES / NO
- The products are not marked, damaged or show signs of wear YES / NO
- The products returned are in their original and undamaged box or packaging YES / NO

All Returns must come with this completed form for processing.

Return Address:

Martins Shoes Stores

Shop 51, Armadale Central S/C

10 orchard Avenue

Armadale

WA, 6112