



RETURN / EXCHANGE FORM

Please complete the following information and send this form back with the item to be returned/exchanged.

Date:		
Customer Name:		
Order No:		
Item Purchased:		
Please tick	<input type="checkbox"/> Exchange	<input type="checkbox"/> Return (with Refund as agreed)
Reason for return / exchange:		
For Exchanges:	Please provide details of the replacement item (as agreed):	
Other Comments:		
Replacement item to be shipped to (address):		
Shipping option:	<input type="checkbox"/> Standard	<input type="checkbox"/> Express Shipping
For Refunds:	Please attach details of agreed refund (i.e. copy of emails or other form of communications where a refund has been agreed upon).	

RETURNS / EXCHANGES WILL BE PROCESSED ONCE ITEM HAS BEEN RECEIVED

Please send items to be returned/exchanged to:

BABY LOVES SLEEP
 P.O. BOX 688
 Templestowe VIC 3106
 Australia

For phone inquiries relating to returns/exchanges: 0411151372