



RETURN FORM

Please complete this form and include it inside your return parcel.
This helps us identify your order and process your return as quickly as possible.

Your Details:	
Your Name:	
Billing Address:	
Shipping Address:	
Phone Number:	
Email Address:	
Order Details	
Order Number:	
Product Description(s):	
Reason for Return: (Please tick one)	
<input type="checkbox"/> Change of mind (14-day right of withdrawal)	<input type="checkbox"/> Incorrect item received
<input type="checkbox"/> Faulty or defective item	<input type="checkbox"/> Wrong size
<input type="checkbox"/> Other (please describe):	
If faulty or incorrect, please describe the issue:	

Declaration

I am returning the products identified above in accordance with the NZ Returns & Exchange Policy.

I understand that return shipping costs are my responsibility and that any reimbursement for faulty items will occur after inspection and approval.

Signed: _____

Dated: _____

Return Address

RETURNS CLASSIC NZ
C/O ARAMEX NORTH SHORE
9A Ride Way
Albany, North Island 0632
New Zealand

Please ensure your completed Return Form is included inside the parcel.