

RETURNS

Office use only

This form is to be used for return of goods purchased on **toscatravelgoods.com.au only.**

Personal Information

First Name:	Surname:
Address 1:	
Address 2:	
Suburb:	State:
Postcode:	Phone:
Email:	

Product Information

Order No.:	Date of Purchase:
Style No:	Quantity:
Style No:	Quantity:
Style No:	Quantity:

Please enter all digits (no spaces) for Item Style number of your product. Note: the item Style number (circled) for the example is TCA200

Reason for Return

____ CHANGE OF MIND

FAULTY PRODUCT (PLEASE CALL 03 9336 2388)

OTHER (PLEASE SPECIFY BELOW)

