



## Customer Declaration Return Authorisation Form

**~~FORM MUST BE ATTACHED TO RETURN ITEM(S)~~**

Invoice/order#:

Surname:

First Name:

Contact Number:

Email Address:

Once we received return item(s), we will contact you. Please tick your request options:

|             |              |
|-------------|--------------|
| Replacement | Store Credit |
| Exchange    | Refund       |

Please state your reason for return:

| Item | Qty |
|------|-----|
|      |     |
|      |     |
|      |     |
|      |     |

### DECLARATION AND ACKNOWLEDGEMENT

**I declare the above information to be true and complete**

Signature / Print Name

/ /

Date

Terms & Conditions:

Terms and conditions apply. Please refer to our website for further information.

ABN: 43015224303

[www.replicallights.com.au](http://www.replicallights.com.au)

info@replicallights.com.au