

Crazy Camel  
PO Box 63  
Bayswater  
Victoria 3153



ABN 51 151 191 338

1800 141 239

#### RETURNS CLAIM

Please provide us with the information outlined below. This information must accompany all returns or your claim will not be processed.

Name: \_\_\_\_\_

School or Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Contact Time: \_\_\_\_\_

Product Details Returned Item: \_\_\_\_\_

School Code #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Order Date: \_\_\_\_\_

Reason For Return: \_\_\_\_\_

\_\_\_\_\_

What would you like us to do?

- Replace with another of the same product
- Refund my credit card (if you paid by credit card only)
- Refund to my bank account
  - BSB \_\_\_\_\_
  - ACC # \_\_\_\_\_
