

RETURN FORM

This form is to be used for return of goods purchased on samsonite.co.nz only.

PERSONAL INFORMATION

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
ADDRESS 1	<input type="text"/>		
ADDRESS 2	<input type="text"/>		
SUBURB	<input type="text"/>	TOWN/CITY	<input type="text"/>
POSTCODE	<input type="text"/>	PHONE	<input type="text"/>
EMAIL	<input type="text"/>		

PRODUCT INFORMATION

ORDER NO	<input type="text"/>	ORDER DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
SKU NO	<input type="text"/>	QUANTITY	<input type="text"/>		
SKU NO	<input type="text"/>	QUANTITY	<input type="text"/>		

Please enter all 9 digits (no spaces) for the SKU number of your product. Note: the SKU (circled) for the example shown is 485751198.

REASON FOR RETURN

- ARRIVED TOO LATE FOR INTENDED USE
- CHANGE OF MIND
- FAULTY PRODUCT (PLEASE CALL 0800 40 60 20)
- OTHER (PLEASE SPECIFY BELOW)

OFFICE USE ONLY

