

RETURN / REFUND REQUISITION SLIP

Full Name (as shown on invoice): _____

Address: _____

Invoice #: _____

ALL RETURNS TO BE SENT TO:

SPA & SALON
P.O. BOX 560, SURY HILLS NSW 2010

REFUND ONLY

RETURN of garments listed below

Style # Eg. SP100	Description Eg: Panelled shirt S/S	Colour	Size	Quantity	Unit Price	Total

EXCHANGE

Style # Eg. SP100	Description Eg: Panelled shirt S/S	Colour	Size	Quantity	Unit Price	Total

Enclosed return postage:

Credit Card details: _____

Amount: \$16.50 GST inclusive

Name _____ Exp Date _____