

Card Making Korner

www.cardmakingkorner.com.au

RETURNS INFORMATION

Please provide us with the information outlined below.
This information must accompany all returns.

REFUND FORM

Name: _____

Company: _____

Street Address: _____

Town/Suburb: _____

State: _____

Postcode: _____

Country: _____

Bank Account Name: _____

Bank BSB: _____

Bank Account Number: _____

Email Address: _____

Contact Phone: _____

Preferred Contact Time: _____

Product Details: _____

Returned Item: _____

Code #: _____

Receipt #: _____

Order Date: _____

Reason for return: _____

What would you like us to do?

- Replace with another of the same product
- Refund by Bank Deposit