# BAGSonly

## RETURNS

Office use only

This form is to be used for return of goods purchased on **bagsonly.com.au only.** 

### **Personal Information**

First Name:	Surname:	
Address 1:		
Address 2:		
Suburb:	State:	
Postcode:	Phone:	
Email:		

### **Product Information**

Order No.:	Date of Purchase:
Style No:	Quantity:
Style No:	Quantity:
Style No:	Quantity:

Please enter all digits (no spaces) for Item Style number of your product. Note: the item Style number (circled) for the example is TCA200

### **Reason for Return**

\_\_\_\_ CHANGE OF MIND

FAULTY PRODUCT (PLEASE CALL 03 9336 2388)

OTHER (PLEASE SPECIFY BELOW)

