

Application for Return of Goods



Each return of goods claim is processed individually according to Early Childhood Australia's Terms of Trade. Submission of this form does not guarantee a refund.

Name/Organisation: _____
Contact (if organisation): _____
Account Number: _____
Address: _____

City: _____ State: _____ Postcode: _____
Phone: _____
Fax: _____
Email: _____
Invoice Number: _____
Item: _____

Reason For Return (please tick one) Damaged Incorrect delivery (not what was ordered)
 Other (please specify) _____

Preferred Action (please tick one) Exchange (please specify) _____
 Credit Refund (please fill out bank details below)

Account Name: _____
BSB: _____ Account Number: _____

I have read Early Childhood Australia's Terms of Trade and understand that if my application for a refund is approved I will not be refunded the full purchase price as per Early Childhood Australia's terms of trade, unless the item is damaged or faulty.

Name: _____
Signature: _____
Date: _____

Please return this form together with returning goods to:

Early Childhood Australia
PO Box 7105
Watson ACT 2602