

ECA Return of Goods Form

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:			
Item:			
Invoice Number:			
		_	
Reason for return (please tick one)	☐ Damaged	☐ Incorrect delivery (not what wa	as ordered)
	□ Other (please specify)		
Preferred action (please tick one)	☐ Credit	☐ Refund (please fill out bank det	tails below)
	☐ Exchange (please specify)		
Account Name:			
BSB:	Account Number:		
I have read Early Childhood Australia	's Terms of Trade a	nd understand that if my application	for a refund is approved, I will not be
refunded the full purchase price as p	er Early Childhood	l Australia's Terms of Trade, unless the	item is damaged or faulty.
Name:			Date:
Signature:			

Please return this form together with returning goods to:

Early Childhood Australia PO Box 86, Deakin West ACT 2600 T: (02) 6242 1800 F: (02) 6242 1818 E: eca@earlychildhood.org.au