

# Goods Return Form – CODE B

## Faulty Item received - Swaps:

Must accompany ALL goods returned and contain ALL details requested.

Any returns without this form completed will be ignored and destroyed after 90 days

Transaction ID:	<input type="text" value="(Paypal Transaction)"/>	< the original Serial number issued when you placed the order.
Order Date:	<input type="text"/>	
Shipping Name:	<input type="text"/>	
Shipping Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Phone:	<input type="text" value="Country"/> - <input type="text" value="Area"/> - <input type="text" value="Number"/>	<input type="text" value="Extension ( )"/>
Email:	<input type="text"/>	

Stylicode#	Reason for return
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

1. Please observe the Checklist on the second page before you return any package
2. Return the product (in the original packaging if possible), to the address below.
3. **Any Package which arrives at our warehouse without this form COMPLETE will be ignored and destroyed after 90 days.**
4. We will ship the replaced / swapped unit back via standard surface mail.
5. Returns process and completion may take up to 15 business days after returns received, then allow 10 days shipping..
6. Please ensure sufficient, sensible packaging is used on returns
7. **Damage due to careless packaging will result in refunds/ replacements / swaps being declined**

<b>Reason B</b>	<b>Faulty Item received - Swaps:</b>
>>	If an item you received was faulty, you need to return it for replacement.
>	<b>We will not charge freight on the replacement</b>
>	<b>ALL Faulty returns must be received by our office no more than 60 days from Order date</b>

I have read, understood, and agree to conditions on this document:	<input type="text" value="sign here"/>
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**Returns Department  
Lumen Electronics Distribution Centre  
P.O.Box 90 439  
AMSC  
Auckland  
New Zealand**



Return all Products to the Address above: (Cut out and use on Package)

**Return Check List** (Customer to keep this section, best keep a copy of return form)

<b>Checklist:</b>	Item to Send:	Depending on:	<input checked="" type="checkbox"/>
	The Completed Returns form (above) (incomplete forms will be ignored)	(Reason A, B, C.)	<input type="checkbox"/>
	The faulty stock	(Reason B only).	<input type="checkbox"/>
	A note to explain fault	(Reason B only).	<input type="checkbox"/>