



Request of Refund/ Return Form

Company Name			
Type of Request	<input type="checkbox"/> Refund	<input type="checkbox"/> Return	<input type="checkbox"/> Exchange
Purchase Date	<i>Only returns of purchases made within the last fourteen (14) days will be accepted</i>		
Reason for Refund/ Return/ Exchange	<input type="checkbox"/> Faulty Item(s) <input type="checkbox"/> Incorrect item received <input type="checkbox"/> Incorrect Order placed <input type="checkbox"/> Excessive quantity <input type="checkbox"/> Others (Please specify) _____		
Invoice number		Your PO Ref	
Stock item and Qty to be returned			
Contact person		Signature	
Contact number/ email		Date	

Please return completed form to sales@hylok.com.au. Our staffs will contact you as soon as possible to organise return or to obtain further information.

Contact us on (03) 9334 5700 for update on progress of your request.