

Babies & kidswear savings, start here!



6-8 Slater Parade, East Keilor  
 Victoria 3033  
 Phone: 03 9331 7988  
 Fax: 03 9331 7088  
**www.rippadirect.com.au**

# Returns/Order Form

Office Use Only:	
Process Date:	
Process by:	

#Order No.	
#Customer No.	

Customer Details:	
Name:	
Address:	
State:	Postcode:
Daytime Phone: ( )	
After Hour Phone: ( )	Mobile:
Email Address:	

### Dear Customer

Your satisfaction is VERY IMPORTANT to us. Please fill in all information clearly to prevent delays in processing your requests. Thank-you for purchasing our Rippa Direct products and we look forward to continue to service you in the near future!

I am returning:						
Style No.	Size	Colour	Description	Qty	Price	Reason For Return
						1.Damaged (Please mark with sticky tape on garment) (a) fabric (b) sewing (c) buttons/ zip etc...
						2.Fitting not correct (a) too long (b) too short (c) too tight (d) too baggy
						3.Arrived too late
						4.Didn't like the garment
						5.Didn't like the colour
						6.Wrong item sent
						7.Other (Please comment)
<b>Total Refund</b>				Ⓐ	\$	

Or credit against my order below

I wish to order :						
Style No.	Size	Colour	Description	Qty	Price	Total

Payment Details		Plus handling charge	+	\$ 6.00				
Please find my cheque for (P) attached <input type="checkbox"/> Tick		Order Total	=	\$				
Please Charge My Credit Card (P) Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/>		Less Refund Total	Ⓐ =	\$				
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%; text-align: right;">Card Account No.</td> </tr> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%; text-align: right;">Expiry Date</td> </tr> </table>			Card Account No.		Expiry Date	Amount Due to Pay	(P) =	\$
	Card Account No.							
	Expiry Date							
		or Refund Due To You	(R) =	\$				
<b>Please Note:</b> *We will reimburse® to you using the same method you paid with.								