

Product Return Form

Please return to: Relaxhouse Warehouse

**BUILDING 4,
(Rear) 29 Grange Rd
Cheltenham VIC 3192
03 85856655**

Customer Name: _____

Phone Number: _____

Order Number: _____

Number of boxes returned: _____ of _____

Reason for return (Please tick one of the options below)

Damaged (please specify)

Change of mind

Note. Items must be returned in original, as new, unmarked condition with original packaging within 7 days for a full refund of goods only (delivery charge not refunded). Once we receive the returned products will will issue your refund.

Date Sent: _____

Signed: _____