

Date: \_\_\_\_\_

Order/ Invoice Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Package your parcel including Returns Form, and return via:****NZ Post - Parcels Post****OR****Courier Post**

Ph: 0800 268 743

*(Hyper address details at bottom of form.)***Goods Returned:**

Product Name	Colour	Size	Price

**Reason for return:**

<input type="checkbox"/> Incorrect Size	<input type="checkbox"/> Ordered two, only want to keep one.
<input type="checkbox"/> Received too late	<input type="checkbox"/> Quality/Workmanship
<input type="checkbox"/> Faulty - Please explain:	
<input type="checkbox"/> Other Please explain:	

**Refund Requested?**To Credit Card ☐To Bank Account ☐

Account Number: \_\_\_\_\_

**Exchange Requested?**

Product Name	Colour	Size	Price

**Office Use**

Date received:

Date Processed:

Customer number:

Order Number:

Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hyper 2 Ltd**

434B Church Street East, P.O. Box

12374 Penrose, Auckland, 1061

Ph: (09) 5802403, Fax: (09) 5802401