

## EXCHANGES and RETURNS FORM – INTERNATIONAL CUSTOMERS

If you are not satisfied with your purchase simply return it within 12 months, in the same condition it arrived in (complete with tags and packaging). Please make sure it is securely packaged so that it is not damaged upon its return to us.

**Please complete details found overleaf and enclose this form with your returned purchase.**

**Return delivery will be at your expense, but no additional delivery will be charged for similar exchanges.**

If your purchase is faulty, or we have made an error, please contact us as soon as possible.

Please note that if you are exchanging a purchase, your credit or debit card will be credited for the returned purchase and then recharged for the new *unless* the item requested in exchange is of the same price/value.

If the product you wish to exchange was received as a gift, please ensure that this is noted in large writing in the comments section overleaf.

If you wish to have your original purchase refunded, please note that this will not include the freight component.

**Special Note regarding Items Purchased on Clearance**

If you are not happy with your purchase, please return it within 2 months of order date. We will be unable to take the item back into stock after that time.

**You can email us at any time regarding any item you wish to return and/or exchange at [returns@nznature.co.nz](mailto:returns@nznature.co.nz)**

**SEND TO:**

Returns Department  
New Zealand Nature  
41 Venice Place  
Stoke  
Nelson 7011  
New Zealand

**Best wishes from  
The Team at New Zealand Nature**

***Please See Overleaf***

## EXCHANGES and RETURNS FORM –INTERNATIONAL CUSTOMERS

|                                    |                               |
|------------------------------------|-------------------------------|
| <b>STEP 1: ORDER NUMBER:</b> _____ | <b>DATE OF ORDER:</b> /     / |
|------------------------------------|-------------------------------|

|  |  |
|--|--|
| <p><b>Originally Purchased By:</b></p> <p>Name: _____</p> <p>Postal/Billing: _____</p> <p>Address: _____</p> <p>Town: _____</p> <p>State/Province/County: _____</p> <p>Postcode: _____</p> <p>Phone (Day): _____</p> <p>Email: _____</p> | <p><b>Send Replacement To: (if different from purchaser)</b></p> <p>Name: _____</p> <p>Delivery: _____</p> <p>Address: _____</p> <p>Town: _____</p> <p>State/Province/County: _____</p> <p>Postcode: _____</p> <p>Country: _____</p> <p>Phone (day): _____</p> |
|--|--|

*Please select one of the following options (✓ Tick the relevant box)*

|  |  |
|--|--|
| <input type="checkbox"/> Exchange for another item (s) | <input type="checkbox"/> Reimburse me via my original payment method |
|--|--|

### STEP 2: ITEM(S) RETURNED

*Please list below, the items(s) you are returning and the "Return Reason Code". See codes below. If "style" or "faulty" is your concern, please explain in the "Comments Box" below.*

| SKU Code | Item Description, Colour and Size | Qty | Return Code | Price Paid |
|----------|-----------------------------------|-----|-------------|------------|
|          |                                   |     |             |            |
|          |                                   |     |             |            |
|          |                                   |     |             |            |
|          |                                   |     |             |            |

**RETURN REASON CODES:**   1 = Wrong item delivered   2 = Style not to liking   3 = Shrinkage   4 = Wrong size  
5 = Too wide or roomy   6 = Too narrow or tight   7 = Too short   8 = Too long   9 = Faulty/Workmanship  
10 = Item doesn't match description   11 = Ordered multiple sizes or colours   12 = Colour not to liking

**COMMENTS:**

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### STEP 3: EXCHANGE(S) REQUIRED (if appropriate)

| SKU Code | Item Description, Colour and Size | Qty |  | Price RSP |
|----------|-----------------------------------|-----|--|-----------|
|          |                                   |     |  |           |
|          |                                   |     |  |           |
|          |                                   |     |  |           |
|          |                                   |     |  |           |

### STEP 4: RECONCILIATION

|   |   |  |  |   |                                  |   |   |                          |                               |
|---|---|--|--|---|----------------------------------|---|---|--------------------------|-------------------------------|
| <p>Refund       \$</p> <p>Additional Purchase   \$</p> <hr/> <p>Refund OR Balance to Pay \$</p>                   | <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Payment</b>     <input type="checkbox"/> Visa     <input type="checkbox"/> Mastercard     <input type="checkbox"/> Amex </td> <td style="width: 50%;"></td> </tr> <tr> <td> <b>Credit Card Number</b>   CSC   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td> <b>Expiry Date</b>     /     (mm/yy) </td> </tr> <tr> <td> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td> <b>Cardholder's Name</b> </td> <td> <b>Cardholder's Signature</b> </td> </tr> </table> | <b>Payment</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex |  | <b>Credit Card Number</b> CSC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <b>Expiry Date</b> /     (mm/yy) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <b>Cardholder's Name</b> | <b>Cardholder's Signature</b> |
| <b>Payment</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex    |   |  |  |   |                                  |   |   |                          |                               |
| <b>Credit Card Number</b> CSC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <b>Expiry Date</b> /     (mm/yy)  |  |  |   |                                  |   |   |                          |                               |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |  |  |   |                                  |   |   |                          |                               |
| <b>Cardholder's Name</b>  | <b>Cardholder's Signature</b>   |  |  |   |                                  |   |   |                          |                               |