

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 so that we can arrange return postage and organise your exchange or full refund.

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.

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.

You can email us at any time regarding any item you wish to return and/or exchange at 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

STEP 1: ORDER NUMBER: _____	DATE OF ORDER: / /
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<p>Originally Purchased By:</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>Send Replacement To: (if different from purchaser)</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>
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Please select one of the following options (✓ Tick the relevant box)

Exchange for another item (s)
 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:

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

SKU Code	Item Description, Colour and Size	Qty	Return Code	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: 20%;">Payment</td> <td style="width: 20%;"><input type="checkbox"/> Visa</td> <td style="width: 20%;"><input type="checkbox"/> Mastercard</td> <td style="width: 20%;"><input type="checkbox"/> Amex</td> </tr> <tr> <td>Credit Card Number</td> <td>CSC <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td>Expiry Date</td> <td>/ (mm/yy)</td> </tr> <tr> <td><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> </tr> <tr> <td>Cardholder's Name</td> <td colspan="3">Cardholder's Signature</td> </tr> </table>	Payment	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex	Credit Card Number	CSC <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Expiry Date	/ (mm/yy)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Cardholder's Name	Cardholder's Signature		
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