



ORDER RETURN FORM

Please indicate type of return (*please circle*): EXCHANGE REFUND

Order Number Date:

Company Name:

Address:

.....

.....

Contact Person:

Email Address:

Telephone:

Facsimile:

Description of products purchased:

Reason for return/exchange:

Instructions:

RETURN/EXCHANGE CONDITIONS ARE AS PER OUR POLICY:

Return goods to:
AMS Australia Pty Ltd
Unit 6-9 Brookes Street
MITCHELL ACT 2911
Australia
Tel.