



RETURN & EXCHANGE FORM

Need to Return Your Purchase?

Fill in the details and send it back with the items you wish to return.

STEP 1: PLEASE FILL IN YOUR DETAILS:

Invoice Number:

Return Authorisation Number:

BILLING INFORMATION:

Name: _____

Address: _____

Email: _____

Contact Number: _____

SHIP TO ADDRESS: (If it is not the same as the billing information)

Name: _____

Address: _____

How did you make this order?

- Over the phone
 Sent an order form through fax/email/mail
 Internet Order

STEP 2: HOW WOULD YOU LIKE US TO HANDLE YOUR REQUEST? (Please tick accordingly):

Incorrect Item Received

- I would like the correct item mailed back to me. Item Code: _____
 I wish to exchange for something else. The Item Code is: _____
 I would like to request a refund.

Faulty Item Received

- I would like to request for a one-to-one exchange.
 I wish to exchange for something else. The Item Code is: _____
 I would like to request a refund.

Any Additional Comments:

PLEASE MAIL RETURN TO:

Macquarie Medical Systems Pty Ltd
Attn: Service Team
Subject: RETURNS/EXCHANGE
301 Catherine Street, Leichhardt NSW 2040

RETURN POLICY:

- 1) All returned items must be sent back to us within 14 days of purchase for a complete refund or exchange.
- 2) Products must be in its original condition
- 3) Shipping/handling charges are non refundable.
- 4) Delivery charges will be reimbursed only for defected and incorrect item

For more information on our full terms and conditions, please refer to our website or the back of your invoice.