

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

DELIVERY DETAILS - Date Good (s) Received: \_\_\_\_\_

Name of CUSTOMER:		
DELIVERY ADDRESS:		
SUBURB / CITY:	POST CODE:	STATE:
Contact Person re: RETURN:		
Email Address for Contact Person:		
Phone Contact:		

## REASON for RETURN

1.
2.

## ORDER DETAILS

PURCHASE ORDER NUMBER (if applicable): \_\_\_\_\_

PRODUCT NAME	QUANTITY	PRICE	TOTAL

## PAYMENT METHOD USED:

CREDIT CARD	VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>	AMOUNT:
CARD NUMBER:		EXPIRY DATE:
CARD HOLDER:		
INVOICE NUMBER:		

To fax the RETURNS FORM: Attention - Samantha Kennedy - Fax: 02 4226 6218

 To email the RETURNS FORM: send to [ctpm@ctpm.org.au](mailto:ctpm@ctpm.org.au)

To post the RETURNS FORM: To CTPM Online - Customer Service - PO Box 1039, WOLLONGONG, NSW 2500