ZAKODA RETURN AUTHORISATION FORM

You may return the item you purchased within **7 days** from the date of shipping for a **refund*** or **14 days** for an exchange/store credit. The item you are returning must be in its original state with all original tags/labels and packaging. No exchange/return will be processed without this form. **ALL REFUND REQUESTS WILL INCUR A $15 FEE PER ITEM.**

Visit www.zakoda.com to view our full return/exchange policy.

CUSTOMER DETAILS

ORDER NO: _____ DATE: _____

NAME: _____

ADDRESS: _____

_____

PH/MOB: _____

EMAIL: _____

Please return this form along with the item/s you are returning to:

ZAKODA
PO BOX 672
CURRUMBIN QLD 4223
AUSTRALIA

If you have any questions regarding this form please email us: ***info@zakoda.com***

LIST THE ITEMS YOU WOULD LIKE TO RETURN

CODE	PRODUCT NAME	COLOUR	SIZE	QTY	PRICE

Please specify reason for return: [ ] **Incorrect Size** [ ] **Faulty/Damaged** [ ] **Other**

LIST THE ITEMS YOU WOULD LIKE AS A REPLACEMENT

CODE	PRODUCT NAME	COLOUR	SIZE	QTY	PRICE

PAYMENT DETAILS

In the event of a price difference between the item you returned & the item you are replacing it with you will be **charged or issued a store credit** for the difference. Please select your preferred payment method from the options below. Please note, if your original order was paid for by credit card, you will need to supply us with the same credit card details below.

[ ] OPTION 1 – PAYMENT / REFUND BY CREDIT CARD

NAME: _____ EXPIRY: ____ / _____ CVC: ___ | ___ | ___

CARD NUMER: | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

CARD TYPE: _____ (Please note we only accept **Mastercard or VISA**)

[ ] OPTION 2 – REFUND BY DIRECT BANK DEPOSIT

A/C NAME: _____ BSB: ___ | ___ | ___ | ___ | ___ | ___ |

A/C NUMBER: |___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | BANK: _____

[ ] OPTION 3 – PAYMENT BY DIRECT BANK DEPOSIT

A/C NAME: ZAKODA

BSB: 114 879 A/C NUMBER: 465 356 023

BANK: St George REF NUMBER: please write your order number

OFFICE USE ONLY

Processed by: _____ Date: _____ Return Accepted: [ ] YES [ ] NO (State Reason Below)

Notes: _____

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