



CUSTOMER RETURNS

THANK YOU FOR SHOPPING WITH CHEAPSKATES.CO.NZ
RETURNS WILL BE ACCEPTED UP TO 101 DAYS FROM THE DATE ON THE RECEIPT

WHEN WE RECEIVE YOUR ORDER

Please check the enclosed and the contents of the carton.

If there are any problems or discrepancies with your order please email us at: admin@cheapskates.co.nz or contact the store you purchased from.

PRODUCT LIABILITY DISCLAIMER

No warranty or any kind expressed or implied is made respecting the safety of the products sold. Buyer assumes all risk and liability resulting from use of said products.

PROCEDURE FOR RETURNS ALL RETURNS MUST BE UNUSED AND IN ORIGINAL CONDITION

- Complete steps 1 - 5 on this form
- Package your return in the original carton (if possible) using secure tape
- Send your return via insured carrier to the store you purchased it from.

NOTE: Please allow 7 working days for an exchange to be processed.

If you require your exchange sooner please call to let us know.

Damaged Merchandise: All merchandise is in good condition when it departs Cheapskates. If you receive a damaged item immediately report it to the appropriate carrier and notify Cheapskates within 3-days.

All returns item(s) should be in their original carton and in new unmarked condition. Please return all instructions and warranty cards.

STEP 1 ENSURE

ENSURE ITEM IS UNUSED, IN ORIGINAL CONDITION AND THAT ALL TICKETING AND PACKAGING IS ENCLOSED.

STEP 2 DETAILS

Please provide as much information as possible in order to help us process your return quickly.

TODAYS DATE:

ORDER NUMBER:

EMAIL ADDRESS:

HOW DID YOU PAY:

Direct Debit

Credit Card

(Please circle the appropriate one)

STEP 3 PLEASE INDICATE THE DESIRED CHOICE:

EXCHANGE

REFUND

WARRANTY

STEP 4 I AM RETURNING:

| QTY | PRODUCT CODE | DESCRIPTION | COLOUR/SIZE | PRICE EA. | TOTAL \$ |
|-----|--------------|-------------|-------------|-----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

EXPLANATION: _____

STEP 5 REORDER:

| QTY | PRODUCT CODE | DESCRIPTION | COLOUR/SIZE | PRICE EA. | TOTAL \$ |
|-----|--------------|-------------|-------------|-----------|----------|
| | | | | | |
| | | | | | |
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STEP 6 FORM OF PAYMENT OR REFUND

Refunds to a bank account only applies when the original payment has been made by direct bank credit.

Please supply bank number: _____

(For credit Card Refund or Payment please write the same credit card # used to purchase the item)

VISA

MASTERCARD

(Please circle the appropriate one)

Exp. Date: ____/____/____

Account Number: _____

Name on Card: _____