

**WARRANTY ASSESSMENT/
REPAIR FORM**

SUNGLASS CLEARANCE WAREHOUSE

If you have experienced a problem with your sunglasses and need to return them for warranty or repair please fill out the below form for your item to be assessed. Return your sunglasses with this form and your proof of purchase also including **RETURN POSTAGE**. Shipping costs are the responsibility of the sunglasses owner.

All Sunglasses are covered by a 12 months manufacturer's warranty. The warranty covers faulty workmanship on the frame only, lenses and loose screws are not covered under warranty.

For more information, visit www.sunglassclearancewarehouse.com.au to view our full exchange /return policy.

Customers Detail

Order No: _____
Name: _____
Address: _____
Day time phone: _____
Email: _____

Please return this form along with the items you are returning to:
Sunglass Clearance Warehouse
Ashmore Factory Outlets
Shop 6, Unit 12 Central Park Ave
Ashmore, QLD, 4214
email us at info@sunglassclearancewarehouse.com.au

LIST ITEMS YOU WOULD LIKE RETURNING

| PROUDCT CODE | PRODUCT NAME | DESCRIPTION OF FAULT/REPAIR |
|--------------|--------------|-----------------------------|
| | | |
| | | |

The manufacturer reserves the right to repair or replace, in part or in full, sunglasses returned for warranty or repair. Warranty claims and other repairs are at the complete discretion of the manufacturer.

PAYMENT DETAILS

For paid repairs please select your preferred payment option below

Option 1 - CREDIT CARD

NAME : _____ EXPIRY: ____ / ____ CVC: ____ / ____ / ____
CARD NUMBER: _____
CARD TYPE: _____ (Please note we only accept MasterCard/VISA)

Option 2 - DIRECT BANK DEPOSIT

A/C NAME: SUNGLASS CLEARANCE WAREHOUSE
BSB: 734041 A/C NUMBER: 503 723
BANK: WESTPAC REF NUMBER: (Please enter your order number for transaction reference)

Option 3 - CREDIT NOTE

OFFICE USE ONLY

PROCESSED BY: _____ DATE: _____ NOTES: _____