



# The Smoke Shack - Customer Return

Please complete this form, print off and include with your goods.

To: The Smoke Shack Returns  
C/- Parton Logistics  
5 Bradford Street, KEWDALE WA 6105

<b>Order Number:</b>	
<b>Order Date:</b>	
<b>Customer Name:</b>	
<b>Email:</b>	
<b>Daytime Contact Number:</b>	
<b>Reason for Return:</b>	

Preferred method of refund\* (tick one):

<input type="checkbox"/>	<b>Refund</b>
<input type="checkbox"/>	<b>Replacement</b>
<input type="checkbox"/>	<b>Store Credit</b>

Signed: \_\_\_\_\_

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

\* If the goods are returned because you changed your mind or ordered the incorrect product, The Smoke Shack reserves the right to offer a return, replacement or store credit at its discretion. Payment for return shipping is at the Buyer's expense.