

Each return of goods claim is processed individually according to Early Childhood Australia's Terms of Trade.
Submission of this form does not guarantee a refund.

Name/Organisation: _____

Contact (if organisation): _____

Account Number: _____

Address: _____

City: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

Item: _____

Invoice Number: _____

Reason for return (please tick one) Damaged Incorrect delivery (not what was ordered)
 Other (please specify) _____

Preferred action (please tick one) Credit Refund (please fill out bank details below)
 Exchange (please specify) _____

Account Name: _____

BSB: _____ Account Number: _____

I have read Early Childhood Australia's Terms of Trade and understand that if my application for a refund is approved, I will not be refunded the full purchase price as per Early Childhood Australia's Terms of Trade, unless the item is damaged or faulty.

Name: _____ Date: _____

Signature: _____

Please return this form together with returning goods to:

Early Childhood Australia
PO Box 86, Deakin West ACT 2600
T: (02) 6242 1800 F: (02) 6242 1818
E: eca@earlychildhood.org.au