



Contact Us by phone: 0800 105 209  
 or email: sales@arrowbeauty.co.nz  
 Courier goods to: arrow beauty 18 Saunders Place  
 Avondale Auckland 0640

**ALL GOODS RETURNED MUST BE ACCOMPANIED WITH THIS FORM**

Clinic Name \_\_\_\_\_ Clinic Code \_\_\_\_\_  
 Clinic Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Phone (cell and landline) \_\_\_\_\_



Goods Returned

Item #	Invoice #	Code	Quantity	Reason	Comments (Office Use Only)



SUNDARI



Authorised by Arrow Staff Member:  
 \_\_\_\_\_  
 (who did you speak to?)  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

I have read & understood the Goods Return Policy below - please tick   
 Clinic Authorised Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_



**Please Note Our Goods Return Policy:**

- Credits may not be accepted for goods ordered by Customer in error. A 10% Restocking Fee may apply.
- Freight Charges will not be credited.
- We do not refund credit card, cash or cheque; we will issue credit notes or exchange product approved for return.
- If Goods are faulty we will meet our obligation under the Consumer Guarantees Act
- Goods must be returned in merchantile quality and original packaging.
- Goods returned for credit must be done so within 30 days from date of invoice.
- This form must be completed in full and must accompany returned goods for credit to be issued.
- Approved credits will be issued against month of invoice.
- Approved Credits are Processed at the End of Each Month – Month End Deadline 22<sup>nd</sup> of the Month.
- Any Credit Request forms Received after the 22<sup>nd</sup> of the Month may be subject to processing in the month following.



**Office Use Only:**

Credit Approved (Yes / No)	Credit Note #	Credit Date	Completed by