

Post with this form to:
Unit 2/ 185 High Road, Willetton, WA, 6155

FAULTY GARMENT FORM

(For hygiene reasons, if worn, faulty goods must be washed and dried before return.)



Wellard Primary School



1

Student Gender: M / F

Student Name: _____

Parent / Guardian: _____

Phone Contact: _____

Email: _____

Address or PO Box: _____

Suburb: _____ Postcode: _____

[Frequently Asked Questions](#)



2

If the item cannot be repaired: Please replace the item.

(Please tick ✓) Please refund the item (Enter card details below).

3 Faulty Garment/s		
Garment Description	Size	Qty

4 Garment Fault/s	
Fault Description	Please describe the position and nature of the fault.

**** Only enter card details if you would prefer to be refunded for items that cannot be repaired. ****

Card Holder's Full Name: _____

Cardholder's Signature: _____

Card Number: - - -



or



Expiry Date:

/

On receipt of your Faulty Garment Form and returned garments, you will be notified regarding your repair, replacement or refund.

Please contact us on sales@willettonuniforms.com.au or 9457 7330 for further assistance.