



## Returns/Exchange Policy

Thank you for supporting the Olivia Newton John Cancer Wellness and Research Centre.  
Our return policy is in addition to you rights under the Australian Consumer Law.

If you need to return or exchange an item please complete the form below and send it back to us along with the item(s) and a copy of the original invoice/receipt.

Please follow the steps below within 30 days of receiving you delivery.

1. Fill in your full details including the reason for returning your item(s).
2. Select one of the action requested codes (E = Exchange R=Return) for each item.
3. In the case of an exchange please fill in the details of the required product(s) in the exchange table.
4. Please make sure the returned products are in the original condition.
5. Please be mindful that your package can take up to 14 working days to be returned to us.
6. Please be aware that we're unable to offer refunds for simple change of mind.

### Contact information:

**Phone:** 03 9496 5753 (Fundraising)

**Email:** [shop@onjcancercentre.org.au](mailto:shop@onjcancercentre.org.au)

### Reply Paid Address:

Fundraising and Development Department/Retail Sales  
Reply Paid 67079  
Heidelberg  
VIC 3084  
Australia



**Olivia  
Newton-John**  
Cancer Wellness & Research Centre

## Returns and Exchange Form

Invoice No: \_\_\_\_\_

Invoice Name: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Please list the items you wish to RETURN below:

Product Code	Product Description	Reason (see below)	QTY	Size	Colour	Price (each)	Action Requested

List of reasons for returning item(s). Please write the letter in the reason column above.

- A: Did not fit                      B: Not as described                      C: Wrong/missing item  
 D: Package damaged              E: Wrong size/style                      F: Not satisfied with quality  
 G: Not as pictured                      H: Damaged/Faulty Item  
**Action required:    E = Exchange                      R= Refund**

List the item(s) you wish to EXCHANGE/REPLACE for below:

Product Code	Product Description	Reason (see below)	QTY	Size	Colour	Price (each)	Action Requested

**Customer Information:**

Replacement item(s) will be sent to the shipping address on your invoice. Please fill out the information below if you would like to use a different address.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Credit Card Information:**

Credit card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I authorize the refund and exchanges to be applied to the credit card used to make the original purchase.

Card Holder signature: \_\_\_\_\_

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

