



RETURNS AUTHORISATION FORM

Please read returns policy before filling out

Name.....

Address.....

Phone Number.....

Email Address.....

Invoice #.....

Order ID#.....

Preferred Course of Action?(please circle one)

Exchange

Return for credit

Reason for exchange or return?

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.....
.....

Who at APE did you speak to regarding your return exchange?

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Please fill out and return with goods to:
PO Box 989, Balcatta WA 6914