



Cookie

COMPOSITES

3 storrie street
clontarf, 4019
QLD - Australia
V: 07 32841952 F: 07 32841969 - www.flycookie.com

RETURN MERCHANDISE AUTHORIZATION



Please complete this form and include a copy inside the shipment. Retain a copy for your records.
Return shipments should be made to the above address.

Service requests require one to two weeks processing upon receipt.

1 CUSTOMER INFORMATION

BILLING ADDRESS BILLING & SHIPPING ADDRESS ARE THE SAME

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: **REQUIRED** (____) _____

E-Mail: **REQUIRED** _____

SHIPPING ADDRESS

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: (____) _____

Special Delivery Instructions: _____

2 PRODUCT DESCRIPTION

CHOOSE THE PRODUCT REQUIRING SERVICE

GE



COLOR: _____

SIZE: _____

FUEL



COLOR: _____

SIZE: _____

OTHER



COLOR: _____

SIZE: _____

3 SERVICE REQUEST

CHOOSE ONE OF THE FOLLOWING SERVICES

SIZE EXCHANGE Cookie Composites can exchange helmet sizes for customers desiring a better fit. All goods must be returned unused and in new condition. Please include all original packaging and accessories. Return shipping fees apply.

LINER EXCHANGE / REFURBISH Cookie Composites helmet liner replacement. Please advise if you require a lens, spring or mechanism replacement for an extra charge.

OTHER (PLEASE EXPLAIN)

4 PAYMENT INFORMATION/AUTHORIZATION

CARD TYPE
CHECK ONE

VISA

MASTERCARD

EXP DATE: ____ / ____ CVV Code: _____

CARD NUMBER: _____

Name On Card: _____

SIGNATURE