

Return form:

NB Attach the original Proof of purchase.

Date: _____

First Name: _____

Surname: _____

Delivery address for cheque:

Street number: _____

Street name: _____

Suburb: _____

Post code: _____

Mobile number: _____

Work number: _____

Home number: _____

Email address: _____

Skillers Product Code: _____

Why you think Skillers are not the most comfortable work gear on the planet?

Customer Signature _____

Store Name _____

Store person name _____

Store person signature _____

Date: _____

