



ABN: 56 508 561 638 ACN: 111 823 682  
Tel: 1300 859 799 Fax: (03) 9800-2279  
PO Box 606, Boronia VIC 3155

# Return of Goods

Date \_\_\_\_\_

Return Authorisation No \_\_\_\_\_

Original Invoice No \_\_\_\_\_

## Your Details

Please complete all **bold** fields

Company \_\_\_\_\_

**Name** \_\_\_\_\_ **ABN** \_\_\_\_\_

**Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ Alt Phone, Fax or Mobile \_\_\_\_\_

## Details of goods being returned

Please attach a copy of your invoice

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Reason for returning goods

Please describe the problem in as much detail as possible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the above information I have provided is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only

<input type="checkbox"/> received ____/____	<input type="checkbox"/> processed ____/____	<input type="checkbox"/> resolved ____/____
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