



RETURN GOODS AUTHORISATION FORM

ATTN:	PHONE:
COMPANY:	FAX:
COMMENTS:	

Please complete all sections of page 2 and fax to
03 5278 9761 for approval

Send completed and approved authorisation form with goods to:

*Factory Controls
Attn: Jade Langley
65 Douro Street
North Geelong VIC 3215*

*Goods will **only** be accepted for RETURN if:*

- Returned with appropriate completed and approved paperwork*
- They are returned in a re-saleable condition
Eg. With complete packaging, and in working order*

**NB: THIS IS NOT A CREDIT AUTHORISATION
A SEPARATE CREDIT NOTE WILL BE ISSUED, IF APPLICABLE,
SUBJECT TO INSPECTION OF GOODS**



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CUSTOMER NAME: _____ DATE: / /

CONTACT NAME: _____ CONTACT NO: Ph _____
Fax _____

DESCRIPTION OF GOODS:

No.	Part No.	Qty	Net Price (Ex GST)
1.			\$
2.			\$
3.			\$
4.			\$
		GST	\$
		Total	\$

INVOICE DETAILS:

No.	Invoice No.	Delivery Docket No.	Customer PO Number	Date Goods Invoiced
1.				/ /
2.				/ /
3.				/ /

REASON FOR RETURN OF GOODS: *(Please tick appropriate box AND enter explanation below)*

- Customer Cancellation* *Incorrect Price* *Duplicate Order*
- Not As Ordered* *Oversupply* *Faulty*
- Not Required* *Damaged In Transit* *Repair*
- Not Suitable* *Other*

EXPLANATION:

FACTORY CONTROLS RESPONSE: *(Office Use Only)*

- APPROVED / /
- NOT APPROVED

REASON:

RESTOCKING / SERVICE FEE APPLICABLE: YES / NO

TOTAL RESTOCKING / SERVICE FEE: \$ _____

DETAILS: _____
