

**WARRANTY/CREDIT/RETURN AUTHORISATION FORM**

Please attach all documentation i.e. faxes, emails and original invoice to your request form

Company Name			
Company Address			
Invoice #		Date requested	
Contact Name:		Email:	

**PLEASE STATE CLEARLY THE REASON FOR THE RETURN**

Please mark appropriate block with an (X) and comment below

<input type="checkbox"/>	Warranty assessment	
<input type="checkbox"/>	Stock Return	
<input type="checkbox"/>	Wrong item shipped	
<input type="checkbox"/>	Arrived late	
<input type="checkbox"/>	Order cancelled	
<input type="checkbox"/>	Other	
Item number/s		

**RETURN INSTRUCTIONS:**

1. Complete form and email to [returns@aflo.com.au](mailto:returns@aflo.com.au)
2. Once received we will assess your request and advise outcome.
3. Upon approval, you will receive a Return Authorisation (RA) number and form to return with goods.
4. Goods will not be accepted without prior approval

Terms & Conditions available on our website at [www.aflo.com.au](http://www.aflo.com.au)

**OFFICE USE ONLY**

**APPROVED BY**

<b>Manager</b>	<b>Date</b>
<b>Processed by</b>	<b>Date</b>
<b>RA#</b>	