

RETURN AUTHORISATION FORM

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

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

PLEASE STATE IN DETAIL THE REASON FOR THE RETURN
Please mark appropriate block with an (X) and comment below

	Warranty assessment	("Item Faulty" is not a sufficient reason and will be rejected)		
	No longer required			
	Incorrectly dispatched			
	Damaged			
	Order cancelled			
	Other	Qty		Qty
Item number/s				
Replacement required?	YES		NO	
URGENCY	LOW	NORMAL	CRITICAL	

RETURN INSTRUCTIONS:
<ol style="list-style-type: none"> Complete form and email to returns@aflo.com.au Once received we will assess your request and advise outcome. Upon approval, you will receive a Return Authorisation (RA) number and form to return with goods. Goods will not be accepted without prior approval If the item is deemed not to be warranty, you as the customer accept that the invoice for the replacement part is due and payable.

OFFICE USE ONLY APPROVED BY	
Manager	Date
Processed by	Date
RA#	

Customer declaration

I declare the above information is true and correct and accept AFLO's Terms & Conditions

Name: _____ Signature: _____ Date: _____