

Phone: (02) 96008296

Fax: (02) 96006064

RETURN AUTHORISATION REQUEST

RA I	<u>NUMB</u>	ER:		DATE:		
From	.					
				Date:		
Company: Contact Person:				Contact Phone:		
Contact Email:				Comact There.		
Jonac	Z Email.					
		D CONDITION			_	
1/ No goods will be considered for return without the completion of this form.2/ Goods will not be accepted for return after a period of 60 days from the invoice date.						
3/ Goods must be returned to Dasing Pty Ltd within 14 days of issue of RA number.						
4/ Goods must be returned in original condition and packaged securely into an outer carton for return to prevent damage in transit. If goods are damaged in transit a credit will not be issued.						
5/ Return goods with a copy of this completed form attached to the outside shipping box.						
6/ Unwanted or incorrectly ordered goods are subjuct to 20% restocking fee. 7/ The freight cost, for all products other than those shipped in error by Dasing Pty Ltd, is the purchasers responsibility.						
		•			•	
Please list all products being returned						
Invoice 7	Date	Item	Qty	Reason for return-Fault Description	Price	
Please Fax Completed Form to: 02 9600 6064 Return to: Dasing Pty Ltd 29 Carboni St. Liverpool NSW Australia (I have read and understood all of the above)					2170	
Inte	rnal U	se Only				
RA # Issued:			Date:	By		
Collection Organised:				Courier:		
Goods Received / Processed Date:				By: Test Prints enclosed:		
Action:	Credit / Re	eturn to Stock / Return t	o Suppli	er / Rejected (reasons):		
			·			