

RAN Number: _____

Date: _____

Shipping address

10-12 Robert Street Mudgeeraba Qld 4213 • Tel: 1800-6330405 Fax: 07 55252053

In-warranty replacement and product returns

If you are requesting to return a product, please fill out all information and fax this form to our Return Authorization Center. Once we receive this form, we will act promptly and issue a RAN number. After receiving your RAN number, please follow these steps:

1. Use the completed RAN form issued to you as a packing slip. Fold the form so that our address is visible. Write the RAN number on the outside of the shipping box, not the product box. This information is necessary to assure that the shipment will be received properly by our warehouse. Please return product within 7 days after RAN number is issued.
2. Products must be returned in the original boxes in like-new condition.
3. Return all documentation, cables and other components included with the original parts.
4. Do not mark or write on the original product boxes.
5. Use an appropriate shipping container to avoid product damage.
6. Do not ship partial shipments. Return must be complete.
7. Return only products that are issued to that RAN. Additional products that are sent without approval may be returned to the customer.
8. Please make sure to return the parts to the appropriate address shown at the top of the RAN.

If you follow these procedures, your replacement or credit will not be delayed. Shipments that do not follow the above procedures may be returned to sender and/or restocking and refurbishing charges may be incurred. This form does not imply or infer that any goods will be accepted for credit or return.

General Information

Company name item was purchased under: _____

Contact person: _____

Phone number: _____ Fax number: _____

E-mail address: _____

Product Information

Part number: _____ Part number: _____ Part number: _____

Quantity: _____ Quantity: _____ Quantity: _____

Date code: _____ Date code: _____ Date code: _____

Reason for return:

Explain problems encountered:

Original PO number or invoice number: _____

Replacement Information

Part number: _____ Part number: _____ Part number: _____

Quantity: _____ Quantity: _____ Quantity: _____

Shipping Information

Address to ship replacement:

City: _____ State: _____ Post code: _____

Attention: _____

Is there a new P.O. number to ship replacement or can original number be used if provided? Yes No

Preferred shipping method: _____