CORPORATE CONSUMABLES LIMITED
100% KIWI OWNED
FOR A SMARTER OFFICE

Returns Application Form

Please complete this form then fax or email it to the branch this product was purchased from. Where the returns application document has been approved you will be provided with an RA returns document. This document will have your RA approval number and address for the goods to be returned to. Please package the goods carefully (with sufficient padding). Put the returns document on the outside of the package. For non faulty returns please do not mark the original packaging as this would make the product unsaleable. Corporate Consumables reserve the right to charge a re-stocking fee where appropriate.

CUSTOMER DETAILS

Reason for Return (please tick one)

Warranty ☐ Faulty ☐ Incorrectly Ordered ☐ Not Required ☐

Company Name _____ Contact Name _____

Contact Email _____

Delivery Address _____

Contact No. ☐☐ ☐☐☐☐☐☐☐ Fax No. ☐☐ ☐☐☐☐☐☐☐

Product to be returned (Corporate Consumables code if known) _____

Serial Number _____ Invoice Number _____

Full details of fault/reason for return (Faulty will not be a sufficient explanation) _____

OFFICE USE ONLY

Your request to return goods is ☐ Declined because _____

☐ Accepted Please action within 14 days

RA No. ☐☐☐☐☐☐☐ An RA number does not guarantee that the goods will be credited or serviced.

Pack product securely and send to:
Corporate Consumables Ltd

9 Vestey Drive
Mt Wellington
Auckland 1060

Fax No. 09 527 2177

68-74 Kingsford Smith Street
Kilbirnie
Wellington 6022

Fax No. 04 387 9600

72 Byron Street
Sydenham
Christchurch 8023

Fax No. 03 377 7711

returns@corpcons.co.nz 0800 502 251