

# 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**

3 Goodman Place  
Penrose  
Auckland 1061

68-74 Kingsford Smith Street  
Kilbirnie  
Wellington 6022

72 Byron Street  
Sydenham  
Christchurch 8023

Fax No. 09 527 2177

Fax No. 04 387 9600

Fax No. 03 377 7711