

RETURN AUTHORISATION FORM

COMPANY NAME:				DATE:	DATE:	
ADDRESS:						
PHONE: MOBILE:			FAX:			
CONTACT:			EMAIL:			
QTY	PART NUMBER		DESCRIPTION		ORIGINAL INVOICE NUMBER	
REASON FOR RETURN:						
Disclosure: I understand goods are to be returned within 21 days of the return being authorised. If goods are not returned within 21 days, warranty and credit claims will be at the discretion of Australasian Agricultural Services Pty Ltd.						
OFFICE USE ONLY						
RA APPROVAL NO: DAT			E APPROVED:STAFF		INITIAL:	
CLAIM WARRANTED BY SUPPLIER (details) :						
COMMENT	-S:					
GOODS RI	ETURNED TO H/O: /		DDS RECEIVED BY:			
Head Office: 34 Millennium Place, Tingalpa, QLD 4173 Postal Address: P.O Box 2301, Wellington Pt, QLD 4160						

Web: www.ausagservices.com.au Ph: +61 7 3396 0166 Fx: + 61 7 3396 0266 A.B.N: 84 778 116 167 A.C.N: 091 934 717