

Request For Return Authorisation

Please complete and email this form back to us. On approval, an R/A number will be issued and advised to you promptly. Please record the R/A number on your copy of this form, pack it together with the goods and send them to us within fourteen days of the approval. If the request is not approved, you will be notified accordingly and given the reasons for the decision.

Company								
Address 1								
Address 2								
City				Postcode				
Telephone								
TERMS AND CO	NDITIONS							
original state. V •Claims for shot delivery note •All user manua •Returns are to the R/A #. Onl customer's cost •R/A numbers a •Goodson Imposis the risk of the	Vriting/stice ort/wrong als and core or be sent to the	ckers on edeliveries assumable co Goodso with an ued for se t be held	external pass will not sometimes will not some some some some some some some some	ackaging will be conside returned in ts in Auckla I be accept warranty reable for lost	Il not be accered after 1 unused cond, at cust ed, all other pairs.	cepted 14 day onditio omer' er ret	vs from invoice date	e, as stated on the 4 days of receiving e sent back at the
Name								
Signature					Date [
PRODUC	CT	Q ТҮ	REASC	ON FOR RET	URN		SERIAL#	INVOICE #
Email: sales@gc	oodsonnz.c	co.nz				OF	FICE USE ONLY	

Return Goods To: Goodson Imports, 20R Cain Rd,

Penrose, Auckland 1061