

PLEASE COMPLETE THIS FORM AND RETURN TO:

Email as an attachment to: customerservice@palsonic.com.au
Phone 1300 657 888

EMAIL ADDRESS: _____
 CONTACT PERSON: _____ DATE: _____
 DEALER NAME: _____ STORE NUMBER: _____
 PICK UP ADDRESS: _____
 PHONE NUMBER: _____ EXT: _____ FAX NUMBER: _____

IMPORTANT INFORMATION

With each RA request, please ensure you send

1. Completed request for Stock Return Form
2. Copy of the Customers 'Proof of Purchase'
3. 'Proof of Date of Return' (sale reversal - credit docket)
4. Credit Claim (Store)

**** IN ORDER TO ENSURE PROMPT PROCESSING OF YOUR CLAIMS, ALL APPLICABLE COLUMNS BELOW MUST BE COMPLETED ****

Line # No.	Dealer Claim Number	Model Number	Serial Number	QTY	PALSONIC Invoice Number	Consumer Date of Purchase OR if Display Stock - Date put on Display	Consumer Date of Return OR if Display Stock - Date fault found	Fault/Damage Details or Return Reason <i>if damaged, complete required damage information below (*A)</i>
1								
2								
3								
4								

PLEASE NOTE: RA's CANNOT be processed unless accompanied by the relevant documents (listed above)

(*A) Required for Damaged Units Only (If applicable) Is unit carton damaged? NO YES Was unit signed for damaged? NO YES

CONDITION OF GOODS Report / Comments:	
PALSONIC USE ONLY:- CONDITION REPORT	

Approved by : _____
 Name Signature Date

