



GOODS RETURN / REQUEST FOR CREDIT FORM

A copy of this form MUST be sent with item/s being returned along with the Comcater invoice AS WELL AS sent to customerservice@comcater.com.au or faxed to (03) 8369 4699. Claims will not be processed without this form and without prior approval. Refer to Comcater Terms and Conditions of Sale for return of goods and credit details.

Part 1: CUSTOMER DETAILS		
Date of request:	Company Account No. (if known):	
Customer Name:	Customer Contact No.:	
Customer Position / Title:	Customer Email:	
Company Name:	Company ABN:	
Company Address:		
Suburb:	State:	Postcode:
From where did you purchase the item?		

Part 2: ITEMS FOR CREDIT		
Customer PO No.:	Comcater Invoice No.:	Invoice Date:
Credit request relates to (select one) <input type="checkbox"/> Spare Part <input type="checkbox"/> Accessory <input type="checkbox"/> Equipment		

ITEM DETAILS				
Part or Item ID / Serial Number	Description of Item	Qty	Unit Price \$ (ex GST)	Total Amount \$ (ex GST)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			Total Value of return	\$

Part 3: REASON FOR CREDIT REQUEST		
<input type="checkbox"/> Damaged	<input type="checkbox"/> Faulty item or part	<input type="checkbox"/> Oversupplied
<input type="checkbox"/> Unserviceable	<input type="checkbox"/> Dead on arrival	<input type="checkbox"/> Warranty issue
<input type="checkbox"/> Incorrectly supplied	<input type="checkbox"/> Goods not required	<input type="checkbox"/> Other (specify)

RETURN DETAILS		
Carrier Name:	Consignment No.:	Job No.:

Part 4: OTHER DETAILS		
Please include any other information or details which may assist with your claim:		
Signed by:	Position / Title:	Date: