

CHNZ Returns Form

Customer name		Customer number	
Contact name		Contact Phone:	
Date form completed			
Return authorisation #		Authorised by	
Reason for return	Damaged goods <input type="checkbox"/> Unwanted product <input type="checkbox"/> Warranty claim <input type="checkbox"/>		
CHNZ invoice number		CHNZ invoice date	
Date of delivery		Restocking fee	
Details regarding returned product			

FOR OFFICE USE ONLY

Replacement Parts sent

Part Number	Description	Quantity	P/S #

Action required

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Credit/Warranty

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*Labour and travel costs will be assessed on merit by CHNZ Ltd and any payment will be discretionary and at cost. Any agreed amount will be in the form of a credit to your account. Returned product is credited to the account. No refunds are given.