

RDT TECHNOLOGIES

A.B.N. 57 052 164 879

RETURNS AUTHORITY FORM

(to be used with reference to RDT Credit & Returns Policy)

PART A (TO BE COMPLETED BY RDT STAFF)

DATE: _____ RA No: _____

CUSTOMER: _____

CONTACT PERSON: _____

TEL: _____ FAX: _____

ITEMS RETURNED: _____

PART B (TO BE COMPLETED BY CUSTOMER)

INVOICE No: _____ DATE OF PURCHASE: _____

REASON FOR RETURN: _____

NOTE: PLEASE GIVE DETAILS OF FAULT AND ATTACH SAMPLE PRINT

PART C (TO BE COMPLETED BY EVALUATING OFFICER)

WARRANTY ACCEPTED/REJECTED

REASON OF ACCEPTANCE/REJECTION: _____

RECOMMENDATION: (please tick one)

- CREDIT TO BE GIVEN
- CREDIT NOTE:
- CHARGE 20% RESTOCKING FEE
- CHARGE 25% RESTOCKING FEE
- NO RESTOCKING FEE

WARRANTY REPLACEMENT INVOICE No: _____

WARRANTY REJECTED AND GOODS TO BE RETURNED WITH NO FURTHER ACTION.

OTHERS (please specify) _____

Delivery details : (courier)

Docket No: _____ Date: _____

EVALUATING OFFICER: _____

DATE: _____

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