

TO BE COMPLETED BY CUSTOMER / SALES REP																
Date:	Facility															
Purchase Order #	Address:															
Invoice#	Telephone:															
Invoice Date:	Email															
<b>PLEASE SELECT OUTCOME OF RETURN</b> Credit Refund Replacement Repair	Requested By:															
	Have goods been returned? <span style="float: right;">Yes No</span>															
	Tracking number:															
	Do you need assistance with your return? <span style="float: right;">Yes No</span>															
<b>PLEASE SELECT REASON FOR RETURN</b> Incorrectly Ordered Incorrectly Supplied Faulty Goods/Warranty No Longer Required Trial/Loan Equipment Other (Please detail)	<b>RETURNED GOODS:</b>															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">PRODUCT CODE</th> <th style="width: 50%;">PRODUCT DESCRIPTION</th> <th style="width: 25%;">QTY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	PRODUCT CODE	PRODUCT DESCRIPTION	QTY												
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<b>COMMENTS:</b>																

OFFICE USE ONLY	CONDITIONS
Approved By: <input type="text"/>	<ol style="list-style-type: none"> <li>1. No goods will be accepted for return without a signed authority.</li> <li>2. Products returned must be in "as new" condition (Warranty returns excepted)</li> <li>3. The customer is responsible for freight and incidental charges for all goods being returned.</li> <li>4. Goods for return must be shipped back within 30 days of the invoice date (warranty returns excluded) Returns exceeding 30 days may be considered but are subject to a 20% restocking fee.</li> <li>5. All returns exclude custom equipment which is not refundable</li> <li>6. All item/s being returned for service or repair must be thoroughly cleaned, decontaminated and / or sterilised in accordance with AS 4187</li> </ol>
Date: <input type="text"/>	
Credit Freight: <input type="text"/>	
Re-stocking Fee: <input type="text"/>	
Received by: <input type="text"/>	
Credit Note # <input type="text"/>	
Date: <input type="text"/>	
Credit Issued By: <input type="text"/>	

PLEASE EMAIL TO HIPAC AT [INFO@HIPAC.COM.AU](mailto:INFO@HIPAC.COM.AU) FOR AUTHORISATION. A SIGNED COPY OF THIS FORM MUST BE FORWARDED WITH ALL GOODS BEING RETURNED

P: (02) 4823 0000 E: [info@hipac.com.au](mailto:info@hipac.com.au) W: [www.hipac.com.au](http://www.hipac.com.au)