

TO BE COMPLETED BY CUSTOMER / SALES REP																
Date:	Facility															
Purchase Order #	Address:															
Invoice#	Telephone:															
Invoice Date:	Email															
PLEASE SELECT OUTCOME OF RETURN Credit Refund Replacement Repair	Requested By:															
	Have goods been returned? Yes No															
	Tracking number:															
	Do you need assistance with your return? Yes No															
PLEASE SELECT REASON FOR RETURN Incorrectly Ordered Incorrectly Supplied Faulty Goods/Warranty No Longer Required Trial/Loan Equipment Other (Please detail)	RETURNED GOODS:															
	<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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COMMENTS:																

OFFICE USE ONLY	CONDITIONS										
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PLEASE EMAIL TO HIPAC AT 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 W: www.hipac.com.au