



Sprint Intercom & Security Pty Ltd ACN 179 768 678 77
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GOODS RETURN AUTHORITY

1. CUSTOMER'S ACCOUNT DETAILS

Business/Company Name:

[Empty text box for Business/Company Name]

ABN

[Empty text box for ABN]

ACN

[Empty text box for ACN]

REF#

[Empty text box for REF#]

Trading Name:

[Empty text box for Trading Name]

Business Address:

[Empty text box for Business Address]

State

[Empty text box for State]

Postcode

[Empty text box for Postcode]

Telephone:

[Empty text box for Telephone]

Facsimile:

[Empty text box for Facsimile]

Contact:

[Empty text box for Contact]

Email Address:

[Empty text box for Email Address]

2. GOODS TO BE RETURNED

Table with 5 columns: Model #, Description #, Serial #, Purchase Date, Sprint Invoice #

Reason for Goods Return:

[Empty text box for Reason for Goods Return]

3. FAULT DESCRIPTION

Fault Description:

[Empty text box for Fault Description]

TERMS & CONDITIONS

This form must be filled out before sending goods back to Sprint Intercom & Security P/L
Goods returned for credit must be in original condition
A restocking fee may be applicable in the return of goods
A quotation fee is applicable with non-warranty repairs / returns