



Return Merchandise Authorisation Form

To ensure efficient processing of your return, please fill out as much as possible and include with the item

Return all goods to:

DavisNZ
89 Colombo Street
Hamilton, New Zealand

EQUIPMENT DETAILS			
Item			
Serial No.			
Accessories Included (eg cables, cases)			
Fault or problem/s you have been having with the item			
Did you purchase the item/s from DavisNZ?		Invoice No. (if known)	
Repair Purchase Order No. (if applicable)		Date of original purchase (approx)	
DavisNZ Contact Person			
YOUR DETAILS			
(please tick if you prefer contact by phone or email)			
Contact Name			
Contact Email	Preferred <input type="checkbox"/>		
Contact Phone	Preferred <input type="checkbox"/>		
Company			
Branch			
Return Delivery Address			
Bill To			
PLEASE NOTE: An initial inspection fee of \$45 may apply			