

RETURN AUTHORISATION FORM

Please attach this form or email to admin@connectedaudiovisual.com.au

Dealer name:	Unit serial number:
Date:	Contact person:
Model name:	

REASON FOR REQUEST:	INSTALL FAILURE (IF) RETURNS:
No Longer required – incurs fee + GST + freight <input type="checkbox"/>	Item has stopped to specifications during install <input type="checkbox"/>
Failed upon install (IF or DOA) – needs immediate replacement <input type="checkbox"/>	I have performed tests on the item to confirm the nature of the failure <input type="checkbox"/>
Warranty - item is confirmed within specific warranty period <input type="checkbox"/>	I have spoken to someone at CAV about the issue <input type="checkbox"/>

REASON FOR RETURNING GOODS:

RA APPROVAL DETAILS – IMPORTANT INFORMATION FOR THE DEALER

Your I.F. replacement order number:	Restocking fee invoice number:	Your RA number:
-------------------------------------	--------------------------------	-----------------

TERMS & CONDITIONS – RA VALID 28 DAYS FROM ISSUE:

1. In submitting this you acknowledge your understanding and acceptance of the terms and conditions below.
2. CAV accepts no responsibility for loss or damage sustained during transit to or from CAV head office.
3. Returned I.F. items are assessed upon receipt by CAV. Non I.F. items will be treated as standard repairs and a charge may apply.
4. Returned items will only be accepted if they are **complete** and in **original box**, clearly labelled with the RA number and packaged in appropriate protective shipping materials.