



Devi Heating Systems Ltd
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 Auckland 0632
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Devi Heating Systems Ltd
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Goods Return Authorization Form - Complete form and send with product being returned to DEVI.

Customer Details	
Name:	Address:
Company:	
Email:	City:
Phone:	Post Code:

Return for Credit <input type="checkbox"/>	Assessment under Warranty <input type="checkbox"/>
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Product Details				
Item Description/Code	Quantity	Serial No	DEVI Invoice #	Purchase Date
Reason for Return (please explain in detail) Wrong Part Ordered <input type="checkbox"/> Faulty <input type="checkbox"/> Other <input type="checkbox"/>				

Note: A minimum 10% restocking fee applies for returning an item that is not faulty or has damaged packaging.

DEVI OFFICE USE ONLY

Reimbursement By			
Replacement <input type="checkbox"/>	Date Sent:	Inv No #	Restocking Fee Charged Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit Issued <input type="checkbox"/>	Date Issued:	CN No #	Product Needs Testing Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Notes:			

Testing – Fault Finding / Warranty Repair			
Tested By:	Date:	Fault Found	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Fault:			
Tested By:	Date:	Fault Found	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Fault:			

Supplier Warranty Claim				
Supplier	Date Sent	Claim #	Credit Received	Credit No #