

**ELECTRONIC SECURITY SALES PTY LTD
 RETURN CLAIM FORM**

Part A

COMPANY DETAILS

Company Name:			
Contact Name:		Contact Phone:	
Contact Email Address:			
RA Number: (if known)			

Part B

ITEM DETAILS

INVOICE #	PART #	PART DESC	QTY	REASON(S) FOR RETURN*

* If faulty, please specify fault

I would like my returned items:

Credited to my account (* restocking fees may apply)

Repaired / Replaced (* dependant on warranty policy)

Part C

DECLARATION

<ul style="list-style-type: none"> • All claims for shortages must be made within 7 days of invoice. • Goods accepted back for credit for any reason other than faulty, a restocking fee may apply as per Electronic Security Sales Pty Ltd Terms and Conditions. All special order items cannot be returned. • Please include a copy of this form when returning any goods. All fields need to be filled out for credit to be processed. 			
Name:		Position:	
Signature:		Date:	