



## Return Authorisation Form

Comsol Pty Ltd  
A.C.N. 069 997 422  
Unit 43  
159 Arthur St  
Homebush West 2140  
Ph : (02) 9701 8800  
Fax: (02) 9701 8811

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_  
State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Qty	Part No.	Product Description	Serial No. (If Applic.)	Original Inv. No.

Reason For Return Of Goods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONDITIONS OF RETURN

- All RA numbers are valid for 7 days only
- RA number must be clearly written on shipping label - NOT ON THE PRODUCT PACKAGING
- A copy of the original invoice must accompany goods
- If an RA number can't be identified Comsol Pty Ltd will be unable to accept delivery
- Goods should be properly packaged for return, as goods damaged in transit will not be accepted
- Unwanted goods returned for credit must be in their unmarked original packaging and in complete "as new" condition
- Unwanted goods returned for credit will be subject to a 20% restocking fee if returned after 30 days from date of purchase

\*\*\*\* THIS FORM MUST BE COMPLETED WITH RA# BEFORE RETURNING GOODS \*\*\*\*

### COMSOL PTY LTD USE ONLY

### RA#

Date Received:	Received By:	Action:
Fault:		Action Date:
		Sales Order No:
		Invoice/Credit No:
		Action By: