

Returns Form

This form must be completed and sent back with any returned items.

If you have any questions regarding completing this form please call us on **1300 737 871** and we can assist you.

Name

Today's date

Company or Organisation (optional)

Your invoice number

Phone number

Invoice date

Address

Product code

Detailed description of the problem and/or reason for return (Please do not just write "Faulty")

Please tick, is the product being returned for:

Warranty replacement/repair

Return for refund as per 30 day
money back guarantee

Return for inspection

Instrument Choice (Synotronics Pty Ltd) internal use only

Date received

Date resolved

Replacement sent to customer

Fault details/other information

Course of action

Outcome