

MERCHANT DETAILS

Address/Delivery Details*

Hydroflow Packing Slip #*

REASON FOR RETURN

Select (1 or More)

Merchant*

Phone*

*Required

Reason

NO GOODS ACCEPTED WITHOUT GOODS RETURN AUTHORITY ALL FAULTY RETURNS MUST INCLUDE PHOTOS FORM MUST BE COMPLETED IN FULL

CUSTOMER FORM RETURN OF GOODS AUTHORITY

A FORM IS REQUIRED TO BE COMPLETED FOR EACH PACKING SLIP

Contact Name*

Rep Name

Customer Claim #

Other

Faulty/Damaged

Please complete this form and send to returns@hydroflow.co.nz. P&I will then supply a Returns Authority within 2 working days.

Branch

Email*

Dispatch Error

Merchant P/O #

| Required Section to be completed | | Section 1 Section 2 | | 2 | 2 Section 3 | | Section 4 |
|--|--------------------------|----------------------------|----------------------|-------------------------------------|-----------------|-------------------|---------------------------|
| SECTION 1: DISPA | тсн | | | | | | |
| Original Product Ordered | | Product Received | | Action Required (Please Select One) | | | |
| P&I Product Code | Quantity Ordered | P&I Product Code | Quantity Received | Resend & Credit | | Credit Only | Other (Please Comment) |
| | | | | | | | |
| | | | | | | | |
| Comments: | | | | | | | |
| IOTE: Resend and Cre | edit: Oriainal short-sup | ply credited and recharged | on resend. Credit Or | nly: Credited | l for short-sup | oply and no reser | |
| SECTION 2: PRICIN | | | | | | 1 / | nd. |
| | NG ERROR | Price Charged | | Quoted | | | nd. Quote Number |
| SECTION 2: PRICIN Pandi Product Cod | NG ERROR | | | Quoted | | | |
| | NG ERROR | | | Quoted | | | |
| | NG ERROR | | | Quoted | | | |
| | NG ERROR | | | Quoted | | | |
| Pandi Product Cod | NG ERROR | | | Quoted | | | |

Pricing

| Comments | ' | | | |
|-----------------------------------|------------------|-----------------------|-----------------------|--|
| | | | | |
| | | | | |
| NOTE: Value of credit is determin | ed on original i | invoiced price. Resto | ocking Fee may apply. | |
| SECTION 4: PRODUCT FAU | LTY / DAMAC | GED | | |
| Product Code: | | | | |
| Description of Fault: | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| NOTE Discussional designation and | | | | |
| NOTE: Please include photograph | is or product a | na presumea tauit. | | |
| PLUMBER/GASFITTER DETA | AILS: | | | |
| Plumber: | | | Phone No: | |
| Plumbing Company: | | | | |
| Date of Install: | | | Call Out Date: | |
| Installation Address: | | | , | |
| Invoice Attached? | Yes | No | Invoice Number: | |

Reason for Return

 ${\it NOTE:} \ If \ no \ invoiced \ is \ attached, \ this \ will \ be \ taken \ as \ an \ agreement \ that \ no \ invoice \ is \ to \ be \ claimed.$

SECTION 3: OTHER REASONS

Quantity

Hydroflow Code