

## **RETURN AUTHORISATION FORM**

## **Return Instructions**

1. Products to be returned need to be in a 'AS NEW' condition. This means the product and packaging needs to be in 100% resellable condition, unless the product is deemed defective.

resellable condition, (	unless the product is deeme	ed defective.				
· ·	and email to sale@poseido	onbk.com.au with supp	orting do	cumentation	s i.e. images,fax	ces, emails and
original invoices.						
	sales team will assess your		e outcome	2.		
4. Items can only be r	eturned with the form auth	norized.				
Company Name						
Pick up Address						
Date Requested		Contact :				
Return Reasons:	A. No longer required; B: wrong item ordered; C Order Cancelled; D. Faulty E. Incorrectly despatched; F. Damaged; G. Buy Back					
PLEASE STATE IN LAPPROPRIATE COL	POSEIDON ASSESSMENT OFFICE Use only					
Item Code	Item Description	Poseidon Invoice #	Qty	Return Reason	Return Required (Yes or No)	Credit Approved (Yes or No)
Credit Terms and	L			<u> </u>		
	ill be applied to items	returned for reason	nn A R	C		
	ods approved for credit are		, ,		officers	
0 0	e will be applied for product		-	oj poseido:	- 01110015.	
_	turned 31-90 days after purc			fee.		
	ys – 6 months will carry a 50					
4. Any products over	6 months will not be accept	ed, unless the product i	is deemed	defective.		
5.We may, at our sole	e discretion, allow a return fe	or store credit or excha	nge produ	ct on a case-	by-case basis.	
Credit for goods	returned are subjecte	d to approval. Da	maged g	goods retu	rned will no	t be
	r 10% worth of goods			•		
	in as new condition.	g				
Office Used On						
Authorized By:		Received By:			Checked By:	
Signature:		Signature:	Back to Stock: Yes:			
Date:		Date:				No:
Restocking Fee	e: 15%   30%	50%	N/A		-	
No restocking f			- ' _			