

# Request for Return/Repair



## Company Information

Company Name ..... Date .....

Address .....

.....

State ..... Postcode .....

Phone ..... Fax .....

Contact ..... Email .....

## Product Information

Model (s) .....

Serial Number .....

Date received into store ..... Date sold to customer .....

Powermove Invoice Number ..... Invoice Cost .....

Note any damage to item in detail .....

.....

Note any missing accessories or packaging .....

.....

### Fault Description

(Please do not write "Faulty" or "Dead" or leave form blank as this will cause delays in approval)

.....

.....

## Claim Type

Warranty Replacement

Only available within 30 days of invoice

Credit Return

Only available within 14 days of invoice

Warranty Repair

Chargeable Repair

**When completed, please fax this form and your customers receipt  
to Powermove RMA Department on 03 9357 1499**

**DO NOT RETURN GOODS WITHOUT OUR COMPLETED RMA FORM.  
RMA NUMBER WILL BE FAXED TO YOU AFTER YOU COMPLETE THIS FORM**

Office use only:

RMA# Issued: \_\_\_\_\_ Date: \_\_\_\_\_ Emailed:  Faxed:

## PLEASE NOTE THE FOLLOWING CONDITIONS

1. All returns must be accompanied with an RMA#, to be issued prior to return. RMA's will not be valid if not returned within 21 days,
2. A new RMA must be re-issued to return goods after the expiry date.
3. Non defective returns will be subject to a 10% restocking charge.
4. Any product being returned for credit must be returned in its original condition and packaging.
5. The trade price of missing accessories will be deducted from your credit amount.
6. A credit will not be raised until the goods have been returned and inspected.

## Powermove Distribution

28 The Gateway, Broadmeadows, VIC 3047 Telephone: +61 3 9358 5999 Fax: +61 3 9357 1499