



RA REQUEST (RA.1)

Customer Name:		Date:
Fax No:	Phone No:	Email:
Invoice No:	Invoice Date:	

Please complete all the required details contained below, sign and date this document and return via fax or mail to the address listed below.

Please note: No action will be taken unless all details are completed and document signed and dated. On the receipt of this fully completed document an RA Number and sticker may be issued and sent to your for placing on the outside of your package. (Please do not place stickers on products or original product packaging as this will damage the product / packaging and possibly void all warranty claims.)

RA # (Return Authorisation number) only authorizes the goods to be returned to Vanbar for inspection and to determine the appropriate action.

This is NOT a credit note.

If RA is not approved you will be notified.

Please list the product / s requested for return:

Reason for return request:

If address etc details are different from original invoice please indicate.

Name:

Address:

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I (print name).....
Have read and agree with the terms and conditions as laid out in this document.

Date: **Sign:**

Please return via Fax: (03) 9915 1905 or email orders@vanbar.com.au