

## **Goods Return/Warranty Claim Form**

			GRA No:
Custom	er Name:	A/c	No:Date:
Original Invoice No: Purchase Date:		Purchase Date:	Repl. Invoice No:
Install D	ate:	Fail Date:	
QTY	ITEM	DESCRIPTION	REASON FOR RETURN
Please	Note: All goods return	ned must be accompanied with a c	opy of this completed form.
All compr	essors under warranty must	be silver solder sealed and complete with el	ectrics to comply with manufacturers warranty policies.
The return	n of unwanted goods must b	e new and in original sealed packaging.	
Any dama	age or deterioration of the pa	rts will result in a discounted credit or rejecti	on at the discretion of the Company.
Goods Returned by: Customer			ds Accepted by:RAS Representative