

Returns Authorisation Request Form

To: DOCUSOFT - RETURNS
 Delivery Address: Unit 11a, Level 2, 85 Bourke Road, Alexandria, NSW 2015 Email:
 Email: admin@docusoft.com.au
 Phone Number: 02 – 8372 0000
 Fax Number: 02 9693 2815

Company Name: _____ Account Code: _____
 Contact Name: _____ Phone No: _____
 Customer Reference No: _____ Fax No: _____
 Delivery Address: _____

Invoice No.	Purchase No.	Stock Code	Qty.	Serial No.	Product Description	Reason for Goods Return	RMA Number / Rejection Number

Terms and conditions:

- Customers must return the product (s) to DocuSoft with the RMA number and copy of the invoice on the outside of the packaging (The Packaging can immediately be quarantined for assessment)
- All products must be returned in original packaging, specifically no fault items must be unopened with all seal undamaged. (Handling / restocking fee of 15% applies to all No Fault Returns).
- In case of future enquiry regarding the returned good (s), customer must provide proof of delivery or consignment information to confirm the delivery of goods.
- Any physical damage incurred on the faulty product due to misuse of the product will cancel the warranty and is the customer's responsibility.
- For any returned faulty goods to DocuSoft, if no fault is found after testing by the Vendor, then customer will be responsible for any charges incurred from the vendor for testing.
- For detailed list of terms & condition please see Terms & Conditions Form available on www.docusoft.com.au

Terms and conditions are subject to change without notice. I understand and accept the conditions of return:

Customer's Signature: _____ Date: _____