

TransQuip – Web Store Return Authorisation

Step 1: Print and complete all spaces on this form – be as detailed as possible.

Step 2: Return goods to TransQuip with this completed form, addressed as below.

TransQuip Returns

2 Edmonton Road
Hornby
Christchurch 8042

Date: ___ / ___ / ___

Customer Number: _____

Customer Name: _____

Contact Name: _____ Phone Number: _____

Invoice number: _____ **OR** Invoice copy attached

Goods to be returned:

Item Number	Description	Quantity to Return	Reason for Return -If faulty please describe the fault. -If damaged in transit, please include photos of the package as it arrived to you.

Goods will only be accepted for return when accompanied with a completed Return Authorisation form.
Goods will be credited provided they have been returned within 14 days of delivery and are in a salable condition.

Contacted someone at TransQuip, their name: _____