

PACKED	Quantity	By	CHECKED	Quantity	By
Carrier	Company	Drivers	Signature	Con Note No	Drivers Signature
Drivers	Name	Veh	reg	Date	
E&OE. 72015.04					

TAXLOR PTY LTD A.C.N. 061 488 962 / A.B.N. 66 405 263 819
as Trustee of the TAXLOR NO.2 TRUST

trading as

Harvey Norman AV/IT Bennetts Green

7 ABDON CLOSE
BENNETTS GREEN NSW 2290

Phone: 02 49445000 Fax: 02 49445091

TAX INVOICE
INVOICE REFINT 2029121
26/05/15 09:31:54 5279645

Assist : 402 GRAEME

Cust # :

SType : CASH SALE

Oper : 108 EVELYN

Price Qty Product
Total

YHT1810 YAMAHAS 1HTIB 1.00

* TAKEN * On 26/05/15

EXCLUDEPRDCARE EXCLUDING PRODUCT CARE 1.00

* TAKEN * On 26/05/15

YHT1810 YAMAHAS 1HTIB -1.00

* TAKEN * On 29/05/15

EXCLUDEPRDCARE EXCLUDING PRODUCT CARE -1.00

* TAKEN * On 29/05/15

EXCLUDEPRDCARE EXCLUDING PRODUCT CARE -1.00

* COLLECTIONS FROM OUR WAREHOUSE WILL REQUIRE SUITABLE ID.

* A FEE OF 20% OF TOTAL SALE APPLIES TO CANCELLATIONS.

* TO BE GONE ON DELIVERY DATE AS RE-DELIVERY CHARGE APPLIES

* THAT THE GOODS FIT AND THERE IS CLEAR ACCESS FOR DELIVERY

* CUSTOMER RESPONSIBILITIES RE DELIVERY OF GOODS:

Invoice Notes +

SPEAKER CRACKLING

Pickup/Delivery Address:

Total
G.S.T Content
INV PENDING
INV DEPOSIT
BALANCE OWING

THANK YOU PLEASE CALL AGAIN

Customer Signature: No of Pieces:

GOODS RETURN AUTHORITY REQUEST FORM

Version 5. 01/04/07

Yamaha Music Australia Pty. Ltd.
ABN 84 004 259 527
Level 1, 99 Queensbridge Street
Southbank, Victoria 3006

HOME ENTERTAINMENT SPECIALISTS



PLEASE READ BEFORE COMMENCING

TO COMPLY WITH OUR GOODS RETURN AUTHORITY (GRA) REQUEST POLICY PLEASE COMPLETE BOTH PAGES, ENSURING YOU HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS. IF YOU DO NOT HAVE A COPY OF THESE TERMS & CONDITIONS PLEASE CALL 1300 661 977 AND IT WILL BE FAXED TO YOU. IF THIS PAPERWORK IS NOT COMPLETED OR IS INACCURATE, THIS MAY RESULT IN YOUR GRA REQUEST BEING REJECTED.

STEP 1

model number
Y H T I 8 1 0 B O N U S

serial number (compulsory)
T 9 6 4 8 1 6

yamaha invoice number
2 0 0 5 0 9 3

yamaha invoice or customer purchase date
/ /

claim number
5 3 0 0 3 7 1

claim date
2 9 . 0 7 . 1 5

store name
H A R V E Y N O R M A N

branch name
N E W C A S T L E

contact person
G R I V I / O E B

phone number
0 2 - 4 9 4 4 - 5 0 2 3

replacement order number
/ / / / /

STEP 2

REASON FOR RETURN REQUEST - (please tick one, provide full details and discuss with your Yamaha Sales Manager)
☐ 1. DAMAGED IN TRANSIT / DEAD ON ARRIVAL
☐ 2. FAULTY - Display model
☒ 3. FAULTY - Customer purchase
☐ 4. FAULTY - 3rd time (two verified services by Authorised Yamaha Service Agent)
within warranty period

DESCRIBE NATURE OF FAULT - compulsory
cracking speaker

DESCRIBE TESTS PERFORMED TO VERIFY FAULT - compulsory
Salesperson tested in store

☐ 5. YAMAHA SALES MANAGER NOMINATES RETURN

reason and signature required

STEP 3

TICK THE BOXES TO INDICATE THE FOLLOWING IS INCLUDED

ACCESSORIES (where applicable)

- ☐ Instruction Manual
☐ Remote control(s)
☐ Cables and interconnects
☐ AM and FM antennae
☐ YPAO or Intellibeam microphone
- replacement costs (inc gst)
☐ \$15.00
☐ \$27.50
☐ \$5.50
☐ \$5.50
☐ \$5.50
☐ \$22.00
- ☐ other \$
☐ admin \$15.00
☐ total (inc gst) \$

TICK THE BOXES TO INDICATE THE FOLLOWING HAS BEEN CHECKED

PACKAGING

- ☒ Original or suitable carton(s)
☐ Original or suitable protective packaging
☐ Once packed ensure cartons are properly sealed

STEP 4

I am authorised to act on behalf of the store named on this form, I have read the Goods Return Authority (GRA) request terms and conditions dated 01-04-07 and I hereby submit my request to return faulty goods.

name

[Signature]

signature

29/7/15
date

STEP 5

FAX BOTH PAGES TO - 1800 331 119

YAMAHA INTERNAL USE ONLY

NEW ORDER NO.
GRA NO.
CLAIM REDUCTION

\$									

DETAILS CHECKED BY _____ DATE _____
ENTERED BY _____ DATE _____
AUTHORISED BY _____ DATE _____