DERNI PTY LTD A.C.N. 002 263 872 / A.B.N. 41 002 263 872 For Maitavit Pty Ltd A.C.N. 144 603 734 / A.B.N. 25 687 443 525 trading as

Joyce Mayne AV/IT Maitland

Unit 6, 366 New England Hwy RUTHERFORD NSW 2320

Phone: 02 49322300 Fax: 02 49322399

_____ TAX INVOICE RE-PRINT CREDIT CLAIM 1035208 03/10/14 12:29:46 112 YAMAHA MUSIC AUSTRALIA PTY LTD : 200 Shyanne H Contact Supplier # : 510708 PO BOX 268 Franchisee #: 11260 SOUTH MELBOURNE Phone: 1300661977 : 060 Fax : 1800331119 Invoice #: 1992744 Invoice Date: 23/07/14 Freight \$: 8.50 Dear Sir/ms, We claim a credit to our account in respect to the matter detailed below. PLEASE NOTE THAT YOU HAVE UNTIL 02/12/14 TO REJECT THIS CLAIM, OTHERWISE IT WILL BE CONSIDERED FINALISED IN OUR FAVOUR. Reason for our claim: CLAIM-RETURN FOR CR R.A. No: Qty Price Product Code Description of Goods YAMAHA 7.1 CH HOME THEATRE PAC 1.00 850.00 YHT577AUB INV 1992744 SN Y158664QS SPEAKERS ARE SHORTING OUT THE AND AMP GOES INTO PROTECTION MODE G.S.T. \$: 85.00 TOTAL CLAIM \$: 935.00 A.B.N. No : 41 002 263 872 Authorised by: A.MATHIESON Raised by: IPACKED CHECKED |Quantity Ву |Quantity By |Drivers Signature |Con Note No Carrier | Company |Veh Date Drivers Name reg E&OE. V2014.07 Please issue RA asap Thank upo

Maitavit Pty Ltd $\,$ A.C.N. 144 603 734 / A.B.N. 25 687 443 525 as Trustee of the Maitavit No 2 Trust trading as

Joyce Mayne AV/IT Maitland

Unit 6, 366 New England Hwy RUTHERFORD NSW 2320

Phone: 02 49322300 Fax: 02 49322399

TAX INVOICE

INVOICE REPRINT 427690 27/08/14 12:23:27 112 1028128

Assist: 200 PETER
Cust #:

SType : GEM VISA 06M INT FRE

Oper : 200 Shyanne H

Product	Qty	Price		Total
YHT577AUB YAMAHA 7.1 CH HOI * TAKEN * on 29/08	1.00 ME THEATE	2946.00		
EXCLUDEPRODCARE EXCLUDING PRODUCT YHT577AUB YAMAHA * TAKEN * on 29/08	r CARE 7.1 CH F			0.00
YHT577AUB YAMAHA 7.1 CH HO * TAKEN * on 09/09	ME THEAT			-1199.00
EXCLUDEPRODCARE EXCLUDING PRODUC YHT577AUB YAMAHA * TAKEN * on 09/09	T CARE 7.1 CH E			0.00
YHT577AUB YAMAHA 7.1 CH HO * TAKEN * on 11/09	ME THEATI		1747.00	1199.00
EXCLUDEPRODCARE EXCLUDING PRODUC YHT577AUB YAMAHA * TAKEN * on 11/09	T CARE 7.1 CH I			0.00
TECH2HOME MOBILE INSTALLAT * TAKEN * on 11/09	ION SERV			0.00

PLEASE CHOOSE CAREFULLY AS A 20% RESTOCKING FEE OF THE TOTAL SALE MAY APPLY FOR ALL SPECIAL ORDER CANCELLATIONS CUSTOMER RESPONSIBILITIES REGARDING DELIVERIES ARE:
GOODS FIT THROUGH DOORWAYS & HAVE CLEAR ACCESS FOR DELIVERY.
TO BE HOME ON DELIVERY DATE/TIME AS RE-DELIVER FEES APPLY.

Invoice Notes:

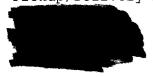
\$300 On 6mths INF

GEM VISA

APP:Approved - authorisation no 011221

UNIT TURNS ITSELF OFF AFTER 20-30 SECOND

ONLY AT HIGHER VOLUMES WHEN TURNED BACK ON ERROR MESSAGE CHECK SP CABLES



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



THANK YOU PLEASE CALL AGAIN

Customer	Signature:	No	of	Pieces:	
E&OE.					



GOODS RETURN AUTHORITY REQUEST FORM

Version 5. 01/04/07

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					
store name	model number				
JOYCE MAYNE	YHT577AUB				
branch name	se <u>rial number (compulsory)</u>				
MAITLAND	1158664QS				
contact person	yamaha invoice number				
SHYANNE	1992744				
phone number	ya <u>maha invoice or customer</u> purchase date				
02-4932-2325	27/08/14				
replacement order number	claim number				
NAIIIIIII	1035208				
	claim date				
	03/10/14				
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 under 2 weeks old					
☐ 2. FAULTY - Display model	under 2 weeks old				
☑ 3. FAULTY - Customer purchase	under 2 months old				
☐ 4. FAULTY - 3rd time (two verified services by Authorised Yamaha Service Agent) within warranty period					
DESCRIBE NATURE OF FAULT - compulsory					
Speaker's Short out AMP and out AMP in					
protect mode.					
project trace					
DESCRIBE TESTS PERFORMED TO VERIFY FAULT - compulsory					
[C C C C C C C C C C					
1000 Wells 1000 Control 1000 Co					
by Tech 2 home, they are our install					
Service					
□ 5 УАМАНА SALES MANAGER NOMINATES RETURN reason and signature required					



GOODS RETURN AUTHORITY REQUEST FORM Version 5. 01/04/07

STEP 3					
TICK THE BOXES TO INDICATE THE FOLLOWING IS INC	LUDED				
ACCESSORIES (where applicable)	replacement costs (inc gst)				
☑ Instruction Manual	\$15.00 □				
⊠ Remote control(s)	\$27.50 □				
Cables and interconnects	\$5.50 □				
☑ AM and FM antennae	\$5.50 □				
☑ YPAO or Intellibeam microphone	\$22.00 □				
	\$ □ other				
	\$15.00 □ admin				
	\$ \(\sqrt{\text{total}}\) (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.					
Shyanne Ham Regime Cam 310/14 name Signature date					
STEP 5					
FAX BOTH PAGES TO - 1800 331 119					
YAMAHA INTERNAL USE ONLY					
NEW ORDER NO. DETAILS CHECKED BY _	DATE				
	DATE				
OLAM DECUCTION &	DATE				