

**YAMAHA**

HOME ENTERTAINMENT SPECIALISTS

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

S T E P 1

store name

C O S T C O

branch name

contact person

A M Y

phone number

0 2 - 8 7 7 8 - 7 3 2 3

replacement order number

model number

N X - P 1 0 0

serial number (compulsory)

T 0 5 2 3 2 3 V X

yamaha invoice number

1 9 5 6 1 9 4

yamaha invoice or customer purchase date

2 6 / 0 3 / 1 5

claim number

7 4 4 6

claim date

3 1 / 0 3 / 1 5

S T E P 2

REASON FOR RETURN REQUEST - (please tick one, provide full details and discuss with your Yamaha Sales Manager)

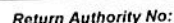
- ☐ 1. DAMAGED IN TRANSIT / DEAD ON ARRIVAL under 2 weeks old
- ☐ 2. FAULTY - Display model under 2 weeks old
- ☒ 3. FAULTY - Customer purchase under 2 months old
- ☐ 4. FAULTY - 3rd time (two verified services by Authorised Yamaha Service Agent) within warranty period

DESCRIBE NATURE OF FAULT - compulsory

ITEM HAS POOR SOUND QUALITY

DESCRIBE TESTS PERFORMED TO VERIFY FAULT - compulsory

- ☐ 5. YAMAHA SALES MANAGER NOMINATES RETURN reason and signature required



Details:

| <u>Details:</u> | | | |
|------------------------|-------------------------------------|------------------|--------------------|
| 1. Dealer Name: | COSTCO WHOLESALE AUSTRALIA PTY LTD | 2. Contact Name: | AMY |
| 3. Contact Number: | (02) 8778 7323 | 4. Fax Number: | XXXXXXXXXXXXXXXXXX |
| 5. E-mail: | W05105-returntovendor@costco.com.au | 6. Claim Number: | 7446 |
| 7. Pickup Address: | 20 Parker Farm Place | 8. Suburb: | CROSSROADS, CASULA |
| 9. State: | NSW | 10. Zip code: | 2170 |

FAULTY/DOA ☒ **SUPPLIED INCORRECTLY** ☐ **DOUBLE DELIVERY** ☐
ORDERED INCORRECTLY ☐ **OTHER (State reason):** _____

Product to be returned:[illegible]

FAULT (If insufficient space above, please complete below)

REFUND LOG PRINT SCREEN IS ATTACHED AS A PROOF OF PURCHASE. WE HAVE NO ACCESS TO RECEIPT AND CAN NOT DISCLOSE CUSTOMER'S NAME FOR CONFIDENTIALITY REASONS.

Signed: 

Printed Name: AMY

Date: 31.03.15

15-03-31 09:12:11

REFUND LOG

MB0010

| | | | |
|----------------|--------------------------|----------------------|-----------------------------|
| Whse: | 105 | Crossroads Warehouse | |
| Refund No: | 51723 | Type: | Refund |
| Date logged: | 15-03-30 | | |
| Time logged: | 14:05:20 | | |
| Logged by: | Lisa SENGTHONG | - 105 Member | Se |
| Audited: | YES | Audited By: | Leigh EVANS - 105 Front End |
| Audit Date: | 15-03-30 | Audit Time: | 14:09:31 |
| Purchase Date: | 15-03-26 | Time Diff.: | 4:11 (Audit - Logged) |
| Member #: | 80028798800 | Member Name: | CRAIG WILLIS |
| Item #: | 29246 | Description: | YMH SPEAKER NXP100 |
| Dept #: | 24 | Department: | MAJORS |
| Qty: | 1 | Receipt Shown: | NO |
| Refund Price: | 119.97 | Actual Sell: | 119.97 |
| Returns Qty: | | Entered by user: | |
| Date Entered: | 00-00-00 | Entered Time: | |
| Action: | Return to Vendor | | |
| Reason: | Item was of poor quality | | |
| Comments: | POOR SOUND QUALITY | | |

F1=Exit F13=Previous