

DERINI PTY LTD A.C.N. 002 263 872 / A.B.N. 41 002 263 872
For Rascie Pty Ltd A.C.N. 068 445 107 / A.B.N. 88 112 398 395
trading as

HARVEY NORMAN AV/IT Superstore PORT MACQUARIE
160-174 HASTINGS RIVER DRIVE
PORT MACQUARIE NSW 2444

Phone: 02 6580 0000 Fax: 02 6580 0093

TAX INVOICE

2613409

CREDIT CLAIM

YAMAHA MUSIC AUSTRALIA PTY LTD

PO BOX 268

SOUTH MELBOURNE 3205

Phone : 1300661977

Fax : 1800331119

Dear Sir/ms,

We claim a credit to our account in respect to the matter detailed below.

PLEASE NOTE THAT YOU HAVE UNTIL 26/10/14 TO REJECT THIS CLAIM,
OTHERWISE IT WILL BE CONSIDERED FINALISED IN OUR FAVOUR.

Reason for our claim: CLAIM-RETURN FOR CR R.A. No:

Notes: FAULTY GOODS RETURN

Product Code	Description of Goods	Qty	Price
PDXB1BLK	YAMAHA BLUETOOTH SPEAKER	1.00	101.59

SERIAL NUMBER

T100682WY

NO POWER

INTERMITTENT FAULT

A.B.N. No : 41 002 263 872

G.S.T. \$: 10.15

TOTAL CLAIM \$: 111.74

Authorised by:

Kayla

Adjustment to Stock Done ? :

PACKED	Quantity	By	CHECKED	Quantity	By	Carrier	Con Note No	Drivers Signature	Company	Drivers	Veh	reg	Date	Name

EOE.

v2014.06

Fixed 3/9

RASCIE PTY LTD A.C.N. 068 445 107 / A.B.N. 88 112 398 395

AS TRUSTEE OF THE RASCIE NO2 TRUST

Trading as

HARVEY NORMAN ELECTRICS PORT MACQUARIE

160-174 HASTINGS RIVER DRIVE

PORT MACQUARIE NSW 2444

Phone: 02 6580 0000 Fax: 02 6580 0093

TAX INVOICE

INVOICE REPRINT 854632

10/08/14

12:23:35 14653232

Assist: ROBBIE

ELISE MCKINNON

Cust #:

PORT MACQUARIE

Style :

NSW 2444

Oper : SAM

Product	Qty	Price	Total
---------	-----	-------	-------

PDXB11BLK 1.00

149.00

See manufacturers documentation for Warranty Details
* TAKEN * on 08/08/14

EXCLUDEPROD CARE 1.00

0.00

EXCLUDING PRODUCT CARE

YAMAHA BLUETOOTH SPEAKER

* TAKEN * on 08/08/14

PDXB11BLK -1.00

-149.00

See manufacturers documentation for Warranty Details
* TAKEN * on 10/08/14

EXCLUDEPROD CARE 1.00

0.00

EXCLUDING PRODUCT CARE

YAMAHA BLUETOOTH SPEAKER

* TAKEN * on 10/08/14

NO POWER INTERMITTENT
SWAPOVER FOR SAME MODEL

* GOODS WILL BE HELD WITH DEPOSIT FOR 6-8 WEEKS ONLY
* 20% CANCELLATION FEE APPLIES
* PLEASE ENSURE BULKY GOODS FIT THROUGH YOUR DOORWAYS

Pickup/Delivery Address:
ELISE MCKINNON

Delivery Fee 0.00

Total

0.00

G.S.T CONTENT

0.00

INV PENDING

0.00

INV DEPOSIT

149.00

BALANCE OWING

THANK YOU

PLEASE CALL AGAIN

Customer Signature: _____
Customer Signature: _____
No of Pieces: _____

Yamaha Music Australia Pty. Ltd.
1 / 99 Queensbridge Street
Southbank, Victoria, 3006

YAMAHA



**REQUEST to
RETURN STOCK
or CLAIM CREDIT**

MODEL No.:				p d x 8 1 1 B L K			
SERIAL No.:				T 1 0 0 6 8 2 W Y			
YAMAHA INVOICE No.:				1 9 9 4 1 1 1			
YAMAHA INVOICE DATE:				3 1 0 7 2 0 1 4			
REPLACEMENT ORDER No.:							

DATE:		2 7 0 8 2 0 1 4	
STORE NAME:		Harvey Norman Electrical	
YOUR REFERENCE or CLAIM No.:		2 6 1 3 4 0 9	
CONTACT PERSON:		KAYLA	
PHONE:		0 2 6 5 8 0 0 0 4 3	

REASON FOR RETURN REQUEST or CLAIM for DFSA
Tick one of the options, provide FULL details in text box below, discuss with Yamaha Sales Manager and obtain signature if required. Refer to YAMAHA AVIT GOODS RETURN & CREDIT CLAIMS POLICY for details.

- ☐ 1. INCORRECT GOODS SUPPLIED
Requests accepted until 2 weeks after receipt of goods
- ☐ 2. DAMAGED IN TRANSIT / DEAD ON ARRIVAL
Please provide FULL details in text box below
- ☐ 3. SHOP STOCK, FAULTY, UNDER 2 MONTHS* OLD
Please provide FULL details in text box below
- ☒ 4. CUSTOMER STOCK, FAULTY, UNDER 2 MONTHS* OLD
Please provide FULL details in text box below
- ☐ 5. CUSTOMER STOCK, FAULTY,
ALREADY REPAIRED TWICE under warranty
- ☐ 6. YAMAHA AVIT SALES MANAGER
NOMINATES RETURN Sales Manager. Please provide reason

WHAT IS THE NATURE OF THE FAULT? Describe tests performed to verify fault:

No Power - Shuts off intermittently

1. Products can only be returned under the guidelines stipulated in the Yamaha Goods Return Policy dated 13/9/2004. 2. Please allow 5 working days to process your request. Do not attempt to return goods without approval—the product will be returned at your expense. 3. Only requests faxed to 1800 331 119 will be considered for return.
*2 calendar months

YAMAHA USE ONLY V1, 13/9/04

Date received: / /
Details & serial number history check by (initial): GRA No: / /

MANAGEMENT APPROVAL: / /

**FAX TO
1800 331 119**

I am authorised to act on behalf of the store named on this form, I have read the Yamaha policy on Stock Returns & Credit Claims dated Sept 13th, 2004 and hereby submit my request to return stock or request a % credit claim

SIGNED (store representative):

6. The Yamaha Sales Manager nominates the return to be approved (sign below)
OR
The Yamaha Sales Manager APPROVES this % CREDIT AMOUNT for DFSA or incorrect goods supplied:
%

SIGNED (Yamaha Sales Manager):

5. COPY of REPAIR HISTORY MUST BE FAXED WITH THIS FORM (sign below)

4. COPY of CUSTOMER'S PURCHASE RECEIPT MUST BE FAXED WITH THIS FORM (sign below)

1/2/3. OPTIONAL: I will keep the goods in EXCHANGE for INCORRECT STOCK ALLOWANCE or DAMAGED / FAULTY STOCK (DFSAs). Yamaha will repair the goods under warranty if required. (tick here—discuss DFSA % rate with Yamaha Sales Manager, both parties sign below)