

DERNI PTY LTD A.C.N. 002 263 872 / A.B.N. 41 002 263 872
For Bendigo Superstore PTY LTD A.C.N. 144 604 115 / A.B.N. 12 898 676 827
trading as

Harvey Norman AV/IT Superstore Bendigo
Electrical Bendigo
Cnr High & Furness Streets Kangaroo Flat VIC 3555
Phone: 03 5447 6000 Fax: 03 5447 6037

TAX INVOICE

CREDIT CLAIM 3500888

YAMAHA MUSIC AUSTRALIA PTY LTD
PO BOX 268
SOUTH MELBOURNE 3205
Phone : 1300661977
Fax : 1800331119

SUPPLIER'S COPY

24/08/15 13:10:08 87
Contact : 11 BGillies
Supplier # : 510708
Franchisee #: 8760
Fran : 060

Invoice #: 2020678

Invoice Date: 13/01/15

Dear Sir/ms,

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

PLEASE NOTE THAT YOU HAVE UNTIL 23/10/15 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

Product Code	Description of Goods	Qty	Price
HN377B	5.1 CHANNEL HOME THEATRE PACK Batch #: +11152054 S/N: AMP-T786604X2 Sub-T667034VX Fault: amp not turning on. DOP: 23/07/15 DOR: 24/07/15	1.00	826.64

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

G.S.T. \$: 82.66
TOTAL CLAIM \$: 909.30

Raised by:  Authorised by:

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

E&OE.
v2015.05

Bendigo Superstore PTY LTD A.C.N. 144 604 115 / A.B.N. 12 898 676 827
as Trustee of the Bendigo Superstore NO2 Trust
trading as

Harvey Norman AV/IT Superstore Bendigo

Electrical Bendigo

Cnr High & Furness Streets Kangaroo Flat VIC 3555

Phone: 03 5447 6000 Fax: 03 5447 6037

TAX INVOICE

INVOICE REPRINT 1223932

23/07/15 13:11:18 87 3480735

Assist: 11 BEN WEBB

Cust #: [REDACTED]

SType : GE 60 MTHS INT FREE

Oper : 11 Bgillies

Product	Qty	Price	Total
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HN377B	1.00		
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YAMAHA 5.1 H/THEATRE PACK

Including 48 Months Product Care Replace

Product Care Number: PC-0108700251342

Total: HN377B Including Product Care			1059.00
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* TAKEN * on 23/07/15

MC140821	1.00	199.95	199.95
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MC HD-SC-AV650G BNDL AU

* TAKEN * on 23/07/15

TAIPANHIFIWHITE	1.00	399.00	399.00
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TAURIS HIFI CAB 3SHELF *WHT

* TAKEN * on 23/07/15

HN377B	-1.00		
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YAMAHA 5.1 H/THEATRE PACK

Including 48 Months Product Care Replace

Product Care Number: PC-0108700251342

Total: HN377B Including Product Care			-1059.00
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* TAKEN * on 24/07/15

HN377B	1.00		
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YAMAHA 5.1 H/THEATRE PACK

Including 48 Months Product Care Replace

Product Care Number: PC-0108700251392

Total: HN377B Including Product Care			1059.00
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* TAKEN * on 24/07/15

DEAR CUSTOMER--PLEASE ENSURE THAT YOU ARE HOME ON DAY OF
DELIVERY TO AVOID FURTHER FEES.
PAYMENT ON DELIVERY--CASH OR BANK CHEQUE--CREDITCARD PAYMENT
MUST BE MADE AT STORE PRIOR TO DELIVERY.

Invoice Notes:

RTM- AMP NOT TURNING ON, SWPAPPING OVER

AMP ONLY

RE ALEX

Pickup/Delivery Address:

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] 2564

Total	1657.95
G.S.T. Content	150.73
INV PENDING	0.00
INV DEPOSIT	1657.95
BALANCE OWING	0.00

THANK YOU PLEASE CALL AGAIN

Customer Signature: _____ No of Pieces: _____

For consumer enquiries please contact
1300 GO HARVEY (1300 464 278) or the
store phone number listed on this invoice.

E&OE.
V2015.05



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.

STEP 1

store name

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

branch name

B E N D I G O

contact person

B E C

phone number

0 3 - 5 4 4 7 - 6 0 0 0

replacement order number

model number

H N 3 7 7 B

serial number (compulsory)

T 7 8 6 6 0 4 X 2

yamaha invoice number

2 0 2 0 6 7 8

yamaha invoice or customer purchase date

2 3 / 0 7 / 1 5

claim number

3 5 0 0 8 8 8

claim date

2 4 / 0 8 / 1 5

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

No power to amp

DESCRIBE TESTS PERFORMED TO VERIFY FAULT - compulsory

Unit was tested in store and failed to power on.

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



HOME ENTERTAINMENT SPECIALISTS

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Southbank, Victoria 3006

GOODS RETURN AUTHORITY**REQUEST FORM**

Version 5. 01/04/07

S T E P 3**TICK THE BOXES TO INDICATE THE FOLLOWING IS INCLUDED****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\$ _____ ☐ 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**S T E P 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.

Bec Gillies

name

signature

24/08/15

date

S T E P 5**FAX BOTH PAGES TO - 1800 331 119****Y A M A H A I N T E R N A L U S E O N L Y**

NEW ORDER NO.

\$					

DETAILS CHECKED BY _____ DATE _____

GRA NO.

ENTERED BY _____ DATE _____

CLAIM REDUCTION

AUTHORISED BY _____ DATE _____