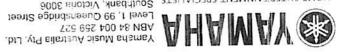
## REQUEST FORM **СООРЅ РЕТИВИ АИТНОВІТУ**



replacement order number

8 L

8 - 20

byoue unuper

H W

	oice number イのレー	vni sdsms/	١					uc	t perso	contac
	er (compulsory)	dmun lsinəs	S						า เมชเมษ	pranch
	V 3 7 5	_ X Z Z x −	u	LL				0) -	sme	store n
		₽ d	E	1.	S				=	
PAPERWORK IS	ILICY PLEASE COMPLET DIS. IF YOU DO NOT H. FAXED TO YOU. IF THIS QUEST BEING REJECTED.	AD IT WILL BE	A TTE	199 00	131 130	13UNU 12 321	UNA U/	AAVE REF	G YOU I	ENSURIN
	WWENCING				CI V		3SF	/ald		
Version 5. 01/04/07			9,000	900	octoria 30	V , Ansd	Aluos STS	IT SPECIALLS	A3MNIATA:	HOME ENTE

5 2 8

1130181

yamaha invoice or customer purchase date

claim number

reason and signature required	ияптэя	SETAN	ER NOMI	ES MANAC	LIAS AHA	MAY .2 🗆
			C	KKIN	om	TON
ory	FT - compuls	UAA YƏI	яэν от с	ЕКЕОКМЕГ	TESTS PI	DESCKIBE.
K135	6606	פוחפ	moki	TON	7309	ТМОН
\(\frac{1}{2} \)		SOLY	- comput	TJUA 3 40	<b>BRUTAN</b>	DESCRIBE
ce Agent) within warranty period	ivie& sdsmsY bea	irorltuA yd	secivies bei	inev ow) 9mi	i bri£ - YT	□ 4. FAUL
under 2 months old			อรยเ	ower purch	tsuO - YT	JUA7.E`L
nuder 2 weeks old				ay model	lqsiQ - Y7	Z. FAUL
under 2 weeks old						AMAG .r 🗆
ils and discuss with your Yamaha Sales Manager)	e, provide full deta			ВИ ВЕС	UT3A AC	DA NOSABR
	Б 2	A T	<u> </u>	:=====================================		
L1/50	claim date					

Return Authority No:



## RETURN MATERIAL AUTHORITY REQUEST FORM (RMA)

10. Zip code: 9. State: 2170 MSN скозаколья, смаисм 8.Suburb: 20 Parker Farm Place 7. Pickup Address: 22801 6. Claim Number: W05105-returntovendor@costco.com.au 5. E-mail: xxxxxxxxxxxxx 4. Fax Number: (02) 8778 (323 3. Contact Muniber: YMA 2. Contact Name: COSTCO WHOLESALE AUSTRALIA PTY LTD 1. Dealer Name: Details:

			ie below)	se above, please comple	FAULT (If insufficient space
			РВОРЕВСУ		
			мовкие		
26292	ı	1967461	TON TAO9 IMQH	74640412T	37£V-XЯ
Costco Item#	Qty.	Your Invoice #	Fault	Serial No.	.oN hisq
				L	Product to be returned:
	-		:(uos	OTHER (State reas	ОВ ОВ В В В В В В В В В В В В В В В В В
			DOOREE DEFINE	иррые писовиесть	S ⊠ AOD\YTJUA∃
					ияптэя яоч иосаэя

RECEIPT AND CAN NOT DISCLOSE CUSTONER'S NAME FOR CONFIDENTIALITY REASONS.

Signed: AMY

## Reason: Item was OK & then failed Action: Hold for further instructions Entered Time: Date Entered: 00-00-00 Returns Quy: Entered by user: 96.642 Refund Price: 249.96 :[192 LautoA :129 Receipt Shown: NOS Dept #: 24 Department: MAJORS 26295 :# medl Description: YAM RXV375 RECEIVR Метрет Иате: WENSHAN СНЕИС Member #: 80015755400 (Audit - Logged) 50:52 Time Diff.: Purchase Date: 14-06-13 Audit Time: 20:53:55 Audit Date: 17-04-21 Audited By: Kelly MOORES - 105 Front End Audited: YES rodded by: Michele FONT - 105 Membership Time logged: 20:33:30 Return Auth Code: 000000000000000 Date logged: 17-04-21 **145972** Type: Refund Refund No: Crossroads Warehouse Mhse: 105

Comments: hdmi port not working properly. appr gracie

## EJ=Exif EJ3=breatons