

ABN: 73 163 303 966

GOODS RETURN / REPAIR REQUEST

Comp	oany Name	*				
Street Address						
Contact Name				Contact Number		
I	Email					
Customer Order No.		and Detum / Danais Danuacte This	Return Date	used under warrents	/torms of salo)	
(Note: we require a purchase order number with all Goods Return / Repair Requests. This will be used if cost are not covered under warrenty / terms of sale)						
Item Det	alls					CMT
	Product				Date of	Invoice
Qty	Code	Serial No.	Description		Purchase	No.
Symptoms of Problem / Description of Fault						
						10.00

Please forward any photos of the problem/fault with this form

Please be aware freigh cost will not be paid by CMT if the fault is not covered as part of our Warrenty.

Fax: 08 92 487 693