

GOODS RETURN REQUEST FORM

Please ensure that all fields are completed. Your claim form and customer receipts **MUST** be included.

****All items other than unopened master cartons must be packed 1 unit per carton****

Upon Completion please email the form to: gra.au@delonghigroup.com

<p>CLAIM #:</p> <p><i>Only 1 claim number permitted per form</i></p>	<p>DATE GOODS READY FOR PICK UP:</p>
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GRA #:	MODEL NUMBER	QTY	PRICE (EX GST)	DELONGHI INVOICE #	REASON
DATE:					
STORE/COMPANY NAME:					
PICK UP ADDRESS					

PICK UP POINT DETAILS

CONTACT PERSON at pick up point:
TELEPHONE NUMBER at pick up point:
EMAIL ADDRESS of the contact person:
FAX NUMBER at pick up point:

