



Return Merchandise Authorisation Form

To ensure efficient processing of your return, please fill out as much as possible and include with the item

Return all goods to:

Davis NZ
9 Kells Place
Frankton,
Hamilton 3204, New Zealand

EQUIPMENT DETAILS			
Item			
Serial No.			
Accessories Included (eg cables, cases)			
Fault or problem/s you have been having with the item			
Did you purchase the item/s from DavisNZ?		Date of original purchase (approx)	
Repair Purchase Order No. (if applicable)		DavisNZ Contact Person	
YOUR DETAILS			
(please tick if you prefer contact by phone or email)			
Contact Name			
Contact Email	Preferred <input type="checkbox"/>		
Contact Phone	Preferred <input type="checkbox"/>		
Company			
Branch			
Return Delivery Address			
Bill To (if different from above)			