

RETURN AUTHORISATION FAX

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Attention: _____ From: Laurianne Dreyer
Company Name: _____ Company : Trinity Telecomms
Fax Number: _____ Fax Number: 011 705 2614

CUSTOMER DETAILS

| | |
|---|--|
| Acc. No.: _____ Company Name: _____ Address: _____ Contact Person: _____ Phone: () _____ Fax : () _____ | RETURN AUTH NO: _____ Authorisation Date: _____ Processed By: _____ Comments: _____ |
|---|--|

REASON FOR RETURN

| | | |
|-----------------------|--|--|
| Return for Credit: | <input type="checkbox"/> | Reason: _____ |
| Ret for Upgrade/Work: | <input type="checkbox"/> | Reason: _____ |
| Return for Repair: | Warranty ???? <input type="checkbox"/> | Reason: _____ |
| | In Warranty <input type="checkbox"/> | |
| | Out Warranty <input type="checkbox"/> | |
| Duration for Repair : | | <input type="checkbox"/> 0 - 2 weeks <input type="checkbox"/> 2 - 4 weeks <input type="checkbox"/> 4 - 8 weeks |

DESCRIPTION OF GOODS

| Qty | Make | Model | In/Out | Description | Serial Number Sample |
|-------|------|-------|--------|-------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | SIGNED |

REQUEST FOR RETURN

Requested by: _____ Date:

Signature: _____

Please note a full list of Serial Number or IMEI numbers should accompany the return delivery note (or can be emailed to us) kindly utilise the Return Authorisation number as your reference in any correspondence

OFFICE USE ONLY
Return Approval/Authorisation

Approved By: _____ Date:

Signature: _____

TECHNICAL COMMENTS

| Qty | Make | Model | In/Out | Description |
|-------|------|-------|--------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | SIGNED |