



INWARDS RETURN SUMMARY (IRS)

Australian Auto Accessories
 Performance Warehouse

THIS FORM MUST BE COMPLETELY FILLED OUT LEGIBLY AND PARTS FORWARDED WITH THIS FORM TO DEAN

DATE OF RETURN: _____

RETURN FROM		
Contact Name: _____	Business Name: _____	
Address: _____		
Suburb/City: _____	State: _____	Postcode: _____
Phone: _____	Email: _____	
Date of Purchase: _____	Invoice No: _____	
REASON FOR RETURN, REPLACEMENT or REFUND		
Part No: _____ <input type="checkbox"/> Faulty <input type="checkbox"/> Damaged <input type="checkbox"/> Incorrectly Supplied <input type="checkbox"/> Not suitable		
Part Description: _____ Qty: _____		
Detailed Description of Issue: _____		

Action Required: Repair <input type="checkbox"/> Replace <input type="checkbox"/> Credit Note <input type="checkbox"/> Refund <input type="checkbox"/> Must be approved by Dean (initials) _____		
Part No: _____ <input type="checkbox"/> Faulty <input type="checkbox"/> Damaged <input type="checkbox"/> Incorrectly Supplied <input type="checkbox"/> Not suitable		
Part Description: _____ Qty: _____		
Detailed Description of Issue: _____		

Action Required: Repair <input type="checkbox"/> Replace <input type="checkbox"/> Credit Note <input type="checkbox"/> Refund <input type="checkbox"/> Must be approved by Dean (initials) _____		
OFFICE USE ONLY		
<ul style="list-style-type: none"> For REFUNDS, please confirm <u>ALL</u> components per part are included and returned in as new condition. For front counter returns, customer must provide ID, eg. driver's licence. 		
<p style="text-align: center;">SALES</p> <p><input type="checkbox"/> Proof of purchase provided</p> <p><input type="checkbox"/> Front Counter - Proof of identity provided</p> <p><input type="checkbox"/> ALL components returned</p>	<p style="text-align: center;">ADMIN</p> <p><input type="checkbox"/> For Faulty Goods: Issue copy of form to Office 24</p> <p><input type="checkbox"/> Attach copy of credit note (if applicable)</p> <p><input type="checkbox"/> Attach form & any paperwork to returned goods</p>	
DATE FORM COMPLETED: _____	SALESPERSON ID: _____	