WESTON TECHNOLOGY

Unit 32, 7-9 Percy Street,
AUBURN NSW 2144
Tel: (02) 9646 8099
Fax: (02) 9646 8098
E-mail: support@westontech.com.au

RETURN AUTHORISATION FORM

Date:

Return form:

Company Name: _____

Company Address: _____

_____

Company Tel# or e-mail address: _____

Return Authorisation No.: _____

Please Note:
1. Fill in your company details and R.A. number.
2. Obtain a R.A. number from Weston's R.A. department on **support@westontech.com.au** or **(02) 9646 8099**.
3. Complete all requested information, including ALL THE NUMBERS from the Weston Warranty Label.
4. This form remains valid for 10 days after the quoting of a R.A. number.

Product Code	ALL NUMBERS from Weston Warranty Label	Iten purchased on Invoice Number	Qty	Description of Fault	Full set?
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

Received the above RA replacement from Weston Technology on: _____

Signed on behalf of: _____ **by:** _____

Weston R.A. Department comments: