



## Return Authorisation

<b>Date</b>		<b>HT Return #</b>	
<b>Company</b>			
<b>Invoice address</b>			
<b>Address</b>			
<b>Email</b>			
<b>Phone</b>			
<b>Contact Name</b>			

**You have requested authorisation to return and/or process the following equipment:**

<b>Model</b>	
<b>Serial Number</b>	

Before any authorisation can be issued for return and/or processing of the above goods, the following must be completed and **signed by a person authorised to represent your company with a valid knowledge of the goods and the problems associated.**

**Please describe the reason for return and include all relevant information. If additional space is required, please use reverse of this form:**

### Cleaning requirements

Has the product ever been exposed to toxic and/or hazardous or otherwise harmful materials? Yes                  No

Has the product been properly cleaned/decontaminated Yes                  No

**Please Note:** HydroTerra relies on the accuracy and completeness of this information to protect its employees from injury by exposure to toxic or otherwise harmful materials. The customer will be held liable for any damages that HydroTerra or its employees may incur due to receipt of contaminated equipment. **Should the equipment require cleaning of any kind, the customer will incur cleaning charges. The Minimum fee for equipment assessment is \$60 per unit, once unit/s have been assessed final recommendations will be provided by the workshop technician.**

**I affirm that the information contained here is true and correct:**

Name..... Position .....

Signature.....

### Office Use Only

Date RA issued	Date RA & Goods received	Returned to Manufacturer Y/N Date:  Repaired on-site Y/N	Received from Manufacturer Date:	Client notified of progress Y/N  Fault Report issued Y/N Sent to client:
			Date Returned to client:	