



Reviewed by: WM Approved by: OM Next review due: 09/21

Return Authorisation Form

Date					
Company					
Invoice addre	ss				
Delivery Addr	ess				
Email					
Phone					
Contact Name	e to				
discuss repair					
You have requested authorisation to return and/or process the following equipment:					
Model					
Serial Numbe	r				
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.					
Disease describe the reason for veture and include all relevant information. If additional coars is required places use reverse					
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?				163	140
Has the product been properly cleaned/decontaminated				Yes	No
				ect its employees from injury by	
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. HydroTerra wil not store or take responsibility for any equipment that remains in HydroTerra possession for over 12 (twelve) months.					
i affirm that th	e information cor	ntained here is true ar	na correct:		
Name Position					
Signature					
Office Use Only					
Date RA issued	Date RA & Goods received	Returned to Manufacturer	Received from	Client notified of progress Y/N	
		Y/N Date:	Manufacturer Date:		
	 	Repaired on-site Y/N		Fault Report issued Y/N Sent to client:	
			Date Returned to client:		