

# INIVI REVOLUTIONISE

PLEASE EMAIL THIS RETURN AUTHORITY FORM TO  
will@inivi.com.au  
AND WE WILL PROVIDE YOU THE RETURN ADDRESS

## RETURN AUTHORITY FORM

Invoice Number must be indicated below.

Maintain a 21 day return policy.

This form must be enclosed with a copy of the invoice with the returned goods.

All stock must be returned to Brisbane Warehouse to avoid any additional freight charges.

<b>Company Name:</b>				<b>Contact Name</b>		<b>RETURN DATE</b>
<b>Street Address:</b>				<b>Phone/Mobile:</b>		
<b>CITY:</b>		<b>POSTCODE:</b>		<b>Email:</b>		<b>NOTES:</b>

#	ITEM DESCRIPTION	RETURN QTY	REASON FOR RETURN	INVOICE NUMBER