



**Alectro Pty Ltd**  
Unit 5, 540 Botany Road, Alexandria NSW 2015  
Postal Address: PO Box 7026, Alexandria NSW 2015

**ABN 13 135 405 024**  
Phone: 1300 17 44 33 Fax: (02) 8212 5897  
Email: info@alectro.com.au Website: www.alectro.com.au

## Return Authorisation

**If you would like to request a refund or replacement, please follow the steps below:**

1. Complete this form and return via email to info@alectro.com.au or fax to (02) 8212 5897.
2. Alectro will review your request and return an approved copy of this document if appropriate.
3. Package the approved document with your items and return to: Unit 5, 540 Botany Road, Alexandria NSW 2015.

### Contact Details

Name:			
Position:			
Company:			
Address:			
Suburb:			
State:		Postcode:	
Phone:		Fax:	
Email:			

Invoice No:	
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### Conditions

- Postage and handling charged on the original invoice will not be credited on returned goods
- Goods returned incomplete, damaged or in unsaleable condition will not be accepted for credit
- Goods will not be accepted for credit after 30 days from the invoice date

**You may request a refund or replacement if the goods supplied:**

- are faulty
- are unfit for their purpose
- do not match the description or sample you were shown
- have defects that were not obvious or were not brought to your attention when you bought them

**You may not be guaranteed a refund or replacement if you:**

- change your mind
- purchase the wrong item
- purchase the goods cheaper through another supplier
- use the goods in a way that they were not designed for
- caused the goods to become damaged

*Please continue over page.*

<b>Office Use Only</b>			
Approved?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Approved by:			

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## Return Details

<b>Invoice No:</b>	
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Item Code	Qty	Unit Price (inc-gst)	Return type	Comments / reason for return	Office Use Only	
					Approved?	Approved by
			<input type="checkbox"/> Full credit <input type="checkbox"/> Partial credit <input type="checkbox"/> Replacement		<input type="checkbox"/>	
			<input type="checkbox"/> Full credit <input type="checkbox"/> Partial credit <input type="checkbox"/> Replacement		<input type="checkbox"/>	
			<input type="checkbox"/> Full credit <input type="checkbox"/> Partial credit <input type="checkbox"/> Replacement		<input type="checkbox"/>	
			<input type="checkbox"/> Full credit <input type="checkbox"/> Partial credit <input type="checkbox"/> Replacement		<input type="checkbox"/>	
			<input type="checkbox"/> Full credit <input type="checkbox"/> Partial credit <input type="checkbox"/> Replacement		<input type="checkbox"/>	
			<input type="checkbox"/> Full credit <input type="checkbox"/> Partial credit <input type="checkbox"/> Replacement		<input type="checkbox"/>	

Thank you for your assistance. **Please return form via email to [info@alectro.com.au](mailto:info@alectro.com.au) or fax to (02) 8212 5897**