RETURN AUTHORISATION FORM						
Return Instructions						
resellable condition, of 2. Complete the form original invoices. 3. Once received, our	urned need to be in a 'AS NE unless the product is deeme and email to sale@poseido sales team will assess your returned with the form auth	d defective. Inbk.com.au with supprequest and advise the	orting do	cumentations		
Company Name						
Pick up Address						
Date Requested		Contact :				
Return Reasons:	A. No longer required; B: v E. Incorrectly despatched; I			ncelled; D. Fa	ulty	
PLEASE STATE IN DETAIL THE REASON FOR THE RETURN AND MARK USING APPROPRIATE CODE					POSEIDON ASSESSMENT Office Use only	
Item Code	Item Description	Poseidon Invoice #	Qty	Return Reason	Return Required (Yes or No)	Credit Approved (Yes or No)
_						
Credit Terms an	d Conditions	<u> </u>				
Restocking fee will be applied to items returned for reason A, B, C. Restocking fee on goods approved for credit are set out as below except specified by poseidon officers: 1. 15% restocking fee will be applied for products returned within 30 days. 2. Products thatare returned 31-90 days after purchase will carry a 30% restocking fee. 3. Any product 91 days – 6 months will carry a 50% restocking fee. 4. Any products over 6 months will not be accepted, unless the product is deemed defective. 5.We may, at our sole discretion, allow a return for store credit or exchange product on a case-by-case basis. Credit for goods returned are subjected to approval. Damaged goods returned will not be credited. Further 10% worth of goods will be charged for re boxing on goods not returned in original box, but in as new condition. Office Used Only						
	- ,	Received By:			Checked By	·
Authorized By: Signature:		Signature:			Back to Stock: Yes:	
Date:		Date:				No:
Restocking Fee No restocking t		<u></u>	N/A		I	