Return Authority Form

RA NO._____

Full Name:_____

Return Address:_____

_____

Invoice No:_____

Contact Phone Number: _____

Make & Model of Unit: _____

Serial Number: _____

Fault:_____ _____

Credit Card Number: _____

Credit Card Expiry: _____

Signature: _____ Date: ____/_____/_____

Please Send Units for Service or Repair to:
Security Gear
PO Box 3009
Carlisle South, WA 6101

- ***A Return Authority Form must be returned with all Service or Repair Units as Servicing or Repairs will not commence until this Form is received.***
- ***The Service Fee of $250.00 does not always include the replacement of defective or damaged parts, if there are any additional charges we will contact you to obtain your consent where applicable.***
- ***A Freight Charge of $25.00 is applicable for all returns.***

Office Use Only:

RA No: **Date Received:**
CN Number: **Date Returned:**