



Centrifugal Air Pumps Australia Pty Ltd

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ABN 64075559358

RETURN AUTHORIZATION FORM

MAKE CONTACT AWARE THAT A COPY OF THE ORIGINAL INVOICE MUST BE ENCLOSED FOR WARRANTY CONSIDERATION. WE DO NOT ACCEPT PRODUCT REPAIRS WITHOUT REQUIRED DOCUMENTS.

Date: _____ Return Authorization #: _____

This Return Authorization is for:
CUSTOMER PAY _____ **POSSIBLE WARRANTY** _____ **CREDIT** _____

Type of Product: _____ Original Invoice #: _____

Serial No: _____ Mileage on product: _____ Purchase Date: _____

Year of vehicle: _____ Make: _____ Model: _____ Mileage: _____

Company: _____

Name: _____

Return Shipping Address: _____

City: _____ State: _____ Postcode: _____ Country: _____

Daytime Phone: _____ Alternate Phone: _____ Fax: _____

Reason for return: _____

SHIPPING INSTRUCTIONS: Freight for product returns is the responsibility of the Customer. If freight is to be arranged by CAPA, Please fill out credit card details below to ensure payment is processed before pick up.

Shipping Charges: Own Freight, Pickup CAPA To Send, Invoice Customer

Payment arrangement: COD Credit Card Direct Deposit

Shipping Method: Australian Air Express TNT Road Will Call

Credit Card No: _____

Exp: ___ / ___ CCV (Last 3 Digits on Back) _____ Signed: _____

INTERNAL USE ONLY. LEAVE BLANK.

Date: RA received: _____

Is Pulley Seal Intact? **YES NO**

Is unit under original warranty **YES NO**

Is unit covered under warranty? **YES NO**

Copy of original invoice enclosed? **YES NO**

Copy of original documents? **YES NO**

Condition of shipment upon arrival: _____

Indicate All Items Returned: _____
