

Request for Credit



ABN: 35 006 924 607 ACN: 006 924 607

NOT TO BE USED FOR RETURN OF FAULTY GOODS

VIC/TAS/SA: Unit 7, 435 Williamstown Rd, Port Melbourne, VIC 3207. Ph 03 9674 8188 Fax 03 9674 8100
NSW/ACT: Level 17, 122 Arthur Street, North Sydney, NSW 2060. Ph 02 9922 5333 Fax 02 9922 6998
QLD/NT: Unit 12, Level 3, 17 Bowen Bridge Road, Herston QLD 4006. Ph 07 3252 7715 Fax 07 3257 4532
WA: Unit 4, 415 Roberts Road, Subiaco, WA 6008. Ph 08 9382 1066 Fax 08 9382 1166
1300 761 199 / sales@acapacific.com.au / www.acapacific.com.au

1. ACA Pacific will process your request in accordance with its *Return of Goods Policy* and inform you of the outcome.
2. Please complete section **A** and Email to rma@acapacific.com.au or Fax to **(03) 9674 8100**
3. If credit is authorised, ACA Pacific will issue a RETURN AUTHORITY No., complete section **B** and fax this form back to you.
4. On receipt of authorisation, please return goods to the address below INCLUDING THIS FORM and CLEARLY DISPLAY THE R.A No. ON THE OUTSIDE OF THE PACKAGING. **Warranty will be VOID if goods are not returned in original packaging. Hard Disk Drives must be placed in anti-static bags/Shells.**
5. **Software - no credits are available unless product is returned unopened. Evaluation CDs are available for most products for testing purposes to avoid ordering the wrong product.**

Section A

Date: ____ / ____ / ____

Dealer Name: Account No:

Contact Name:..... Ph: Fax:

1. Product Code:..... Serial.....

Product Description

2. Product Code:..... Serial.....

Product Description

3. Product Code:..... Serial.....

Product Description

ACA Pacific Invoice No:..... Invoice Date / /

Reason for Credit Request:

What state is the product in at present (Please tick more than one box if necessary):

Unopened Opened Partially Opened Used Unused

Please explain further:

In the event of the product(s) being returned to ACA Pacific, I undertake to ensure that the product(s) will be returned to ACA Pacific as complete and saleable products, (including all hardware, software, manuals, paperwork and packaging). In the event of damaged or incomplete product(s) being returned, I understand that all or part of the invoiced amount will become payable, depending on the degree of damage/loss.

Applicant's Signature: _____ Date: ____ / ____ / ____

Section B

R.A. No.: _____

Issued By: _____

Date: ____ / ____ / ____

Credit Details:

Current Price: _____

Freight Cost: _____

Restocking Fee: _____

Total Credit Amount: \$ _____

Approved By: _____

Date: ____ / ____ / ____

Return Address for Goods:

ACA Pacific Pty. Ltd. Unit 7, 435 Williamstown Road
Port Melbourne, Victoria 3207

Email to : rma@acapacific.com.au or Fax to: 03 9674 8100
ALL GOODS ARE TO BE DELIVERED TO OUR MELBOURNE OFFICE
IF GOODS ARE DELIVERED TO SYD, BRIS, OR PERTH OFFICES A FREIGHT SURPLUS CHARGE WILL BE INCURRED.