

# GOODS RETURN REQUEST FORM

Please ensure that all fields are completed. Your claim form and customer receipts **MUST** be included.

**\*\*All items other than unopened master cartons must be packed 1 unit per carton\*\***

Upon Completion please email the form to:

[gra.au@delonghigroup.com](mailto:gra.au@delonghigroup.com)

**CLAIM #:**

*Only 1 claim number permitted per form*

DATE GOODS READY FOR PICK UP:

Note Goods to be collected from place of delivery as per DeLonghi invoice

GRA #:	MODEL NUMBER	QTY	PRICE (EX GST)	DELONGHI INVOICE #	REASON
DATE:					
STORE/COMPANY NAME:					
PICK UP ADDRESS					

**PICK UP POINT DETAILS**

**CONTACT PERSON** at pick up point:

**TELEPHONE NUMBER** at pick up point:

**EMAIL ADDRESS** of the contact person:

**FAX NUMBER** at pick up point:



**KENWOOD BRAUN**