



SERVICE RETURN AUTHORISATION (SRA)

**USE THIS FORM FOR D.O.A. OR FAULTY PRODUCTS FOR WARRANTY SERVICE.
FOR NON-FAULTY PRODUCT USE THE CREDIT RETURN AUTHORISATION (CRA) FORM.**

ABTEC OFFICE USE ONLY:

RA #:

CI #:

Warehouse #:

Fault #:

Account Manager:

Authorisation:

Company Name:

Physical
Address:

Contact No.:

Contact Person:

Fax No.:

Your Claim Number:

Total Claim Value:

**PLEASE ENSURE THE FOLLOWING DETAILS ARE COMPLETED TO ENSURE EFFICIENT PROCESSING OF YOUR CLAIM.
FAILURE TO COMPLETE ALL DETAILS WILL RESULT IN DELAYS IN PROCESSING OR REJECTION OF THE CLAIM.**

Model Number:

Invoice Number:

Price:

Serial Number:

Symptom Description:

Your Customer:

Customer Phone:

Date of Purchase:

Sales Docket No.:

Unit in Original Carton:

YES

NO

Total No. of Cartons:

All Accessories in Boxes:

YES

NO

PLEASE ENSURE THAT ALL STOCK, ACCESSORIES AND COMPONENTS ARE SECURELY PACKED IN ORIGINAL PACKAGING.

PLEASE NOTE THAT ANY DAMAGE TO STOCK, MISSING ACCESSORIES, CENTRE UNITS, SPEAKERS, STANDS, ETC.
MAY INCUR A CHARGE TO YOUR ACCOUNT.

Please Fax Back On:

0800 204 403

**ALL RETURNS REQUIRE THE PRIOR AUTHORISATION OF THE ACCOUNT MANAGER, ALL CLAIMS WILL BE REJECTED
AUTOMATICALLY WITHOUT ACCOUNT MANAGERS SIGNATURE.**

ALL SERVICE CLAIMS MUST HAVE CUSTOMERS PROOF OF PURCHASE SUPPLIED.