

RETURN AUTHORISATION FORM

Reseller Account Code: _____ Reseller Account Name: _____ Date Of Application: _____

Contact Name: _____ Contact Email: _____

Delivery Address: _____

- Return For Credit
- Return For Replacement

If Returning For Replacement:

- Forward Replacement
- Normal Replacement

ITEM DETAILS

ITEM 1

Stock Code:	Description:	Reason For Return:	Invoice Number:	Customer Reference:		
_____	_____	_____	_____	_____		
Date Of Purchase:	Date Of Return:	Vendor Case ID:	Serial Number:	Return Quantity:	Unit Price:	Line Price:
_____	_____	_____	_____	_____	_____	_____
<input type="radio"/> Full Return	<input type="radio"/> Partial Return	Condition Of Goods: <input type="radio"/> Open <input type="radio"/> Unopened	Is It In Original Packaging?: <input type="radio"/> Yes <input type="radio"/> No			

ITEM 2

Stock Code:	Description:	Reason For Return:	Invoice Number:	Customer Reference:		
_____	_____	_____	_____	_____		
Date Of Purchase:	Date Of Return:	Vendor Case ID:	Serial Number:	Return Quantity:	Unit Price:	Line Price:
_____	_____	_____	_____	_____	_____	_____
<input type="radio"/> Full Return	<input type="radio"/> Partial Return	Condition Of Goods: <input type="radio"/> Open <input type="radio"/> Unopened	Is It In Original Packaging?: <input type="radio"/> Yes <input type="radio"/> No			

Please ensure you have checked the returns requirements for each brand listed on <https://www.dickerdata.co.nz/returns> before submitting this form.
Submit forms via email to [Returns.Authorities@dickerdata.co.nz](mailto>Returns.Authorities@dickerdata.co.nz).

ITEM DETAILS (CONTINUED)

ITEM 3

Stock Code:	Description:	Reason For Return:	Invoice Number:	Customer Reference:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date Of Purchase:	Date Of Return:	Vendor Case ID:	Serial Number:	Return Quantity:	Unit Price:	Line Price:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Full Return	<input type="radio"/> Partial Return	Condition Of Goods:	<input type="radio"/> Open	<input type="radio"/> Unopened	Is It In Original Packaging?:	<input type="radio"/> Yes <input type="radio"/> No

ITEM 4

Stock Code:	Description:	Reason For Return:	Invoice Number:	Customer Reference:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date Of Purchase:	Date Of Return:	Vendor Case ID:	Serial Number:	Return Quantity:	Unit Price:	Line Price:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Full Return	<input type="radio"/> Partial Return	Condition Of Goods:	<input type="radio"/> Open	<input type="radio"/> Unopened	Is It In Original Packaging?:	<input type="radio"/> Yes <input type="radio"/> No

ITEM 5

Stock Code:	Description:	Reason For Return:	Invoice Number:	Customer Reference:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date Of Purchase:	Date Of Return:	Vendor Case ID:	Serial Number:	Return Quantity:	Unit Price:	Line Price:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Full Return	<input type="radio"/> Partial Return	Condition Of Goods:	<input type="radio"/> Open	<input type="radio"/> Unopened	Is It In Original Packaging?:	<input type="radio"/> Yes <input type="radio"/> No

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ITEM DETAILS (CONTINUED)

ITEM 6

Stock Code:	Description:	Reason For Return:	Invoice Number:	Customer Reference:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date Of Purchase:	Date Of Return:	Vendor Case ID:	Serial Number:	Return Quantity:	Unit Price:	Line Price:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Full Return	<input type="radio"/> Partial Return	Condition Of Goods:	<input type="radio"/> Open	<input type="radio"/> Unopened	Is It In Original Packaging?:	<input type="radio"/> Yes <input type="radio"/> No

ITEM 7

Stock Code:	Description:	Reason For Return:	Invoice Number:	Customer Reference:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date Of Purchase:	Date Of Return:	Vendor Case ID:	Serial Number:	Return Quantity:	Unit Price:	Line Price:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Full Return	<input type="radio"/> Partial Return	Condition Of Goods:	<input type="radio"/> Open	<input type="radio"/> Unopened	Is It In Original Packaging?:	<input type="radio"/> Yes <input type="radio"/> No

ITEM 8

Stock Code:	Description:	Reason For Return:	Invoice Number:	Customer Reference:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date Of Purchase:	Date Of Return:	Vendor Case ID:	Serial Number:	Return Quantity:	Unit Price:	Line Price:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Full Return	<input type="radio"/> Partial Return	Condition Of Goods:	<input type="radio"/> Open	<input type="radio"/> Unopened	Is It In Original Packaging?:	<input type="radio"/> Yes <input type="radio"/> No

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