

Return Merchandise Authorization (RMA) Form

Complete this form and include with your items being returned. Completing this form implies that you have read and understand our Warranty & Returns policy as explained at www.avantiplus.co.nz

For your protection, we suggest that you ship the goods to us with a freight service that provides a Signature Required on delivery option. Please ensure you retain a record of your shipment until you have received your replacement or refund. For additional information, please contact our customer service department at help@avantiplus.co.nz

Please do not tape up or attach labels directly to the retail packaging, please wrap the product first.

| | |
|------------------------|------------------|
| Customer Order Number: | Invoice No.: |
| Name: | Phone: |
| Street: | |
| Suburb/Town: | State/Post Code: |
| email: | Date: |

Please Send All Returns To:

**Returns Department
AvantiPlus.com
26 Allright Place
Mt Wellington
Auckland 1060**

Items to Return

| AvantiPlus Item Number | Qty to Return | Returns Code |
|--|---|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 95%;" type="text"/> |

Returns Codes

| | |
|----|--|
| 31 | Ordered Wrong Item |
| 32 | Parts Missing |
| 33 | Not As Advertised |
| 34 | Clothing Did Not Fit* |
| 35 | Faulty On Arrival |
| 36 | Warranty |
| 37 | Other – Please Explain |
| * | Note: Cycling shorts cannot be returned due to hygiene reasons. |

If Other (eg refund required), please explain...

Exchange Details

| AvantiPlus Item Number | Description/Name |
|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

For Administration Only

| | | |
|------------------------------------|--|---------------------------------|
| Goods Accepted For Exchange/Refund | <input type="checkbox"/> Yes <input type="checkbox"/> No | Authorised By _____ |
| RMA Number | <input style="width: 95%;" type="text"/> | Refund Amount _____ |
| Credit Order Number | <input style="width: 95%;" type="text"/> | |
| Customer Order Number -Exchanges | <input style="width: 95%;" type="text"/> | Order Release Actioned by _____ |
| Customer Account Number | <input style="width: 95%;" type="text"/> | |
| Credit Note Number | <input style="width: 95%;" type="text"/> | Refund Authorised by _____ |
| DPS Authorisation Code | <input style="width: 95%;" type="text"/> | Date ____ / ____ / ____ |
| M3 Voucher Number | <input style="width: 95%;" type="text"/> | Date ____ / ____ / ____ |