

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
26 Allright Place
Mt Wellington
Auckland 1060**

Items to Return

Avantiplus Item Number	Qty to Return	Returns Code
<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" 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

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

Exchange Details

Avantiplus Item Number	Description/Name
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" 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: 90%;" type="text"/>	Refund Amount _____
Credit Order Number	<input style="width: 90%;" type="text"/>	
Customer Order Number -Exchanges	<input style="width: 90%;" type="text"/>	Order Release Actioned by _____
Customer Account Number	<input style="width: 90%;" type="text"/>	
Credit Note Number	<input style="width: 90%;" type="text"/>	Refund Authorised by _____
DPS Authorisation Code	<input style="width: 90%;" type="text"/>	Date ____ / ____ / ____
M3 Voucher Number	<input style="width: 90%;" type="text"/>	Date ____ / ____ / ____