

# AERO NZ – Sockburn CHCH

## GOODS RETURN FORM

(Please complete and send back with the items that are being returned)

<b>Date</b>	
<b>Company Name</b>	
<b>Name of Person Returning Goods</b>	
<b>Contact Telephone Number</b>	
<b>Product Description</b>	
<b>Serial No and Original Date on Product</b>	
<b>Invoice No</b> <small>(Copy of Original Invoice to be attached to Return Form)</small>	
<b>Fault Description</b>	
<b>Aero NZ Received</b>	<b>Date</b>
<b>Aero NZ Product Test Result</b>	

Please return products to: Unit 6-19, 19 William Lewis Drive, Sockburn, Christchurch

Signature of person returning goods: -----