



# 1 Year Warranty/Returns Form

Please complete all applicable fields of this form.

FOR INSPECTION, YOUR PRODUCT MUST BE RETURNED DIRECTLY TO:

**PO Box 362, Kippa-Ring, QLD 4021, Australia**

For further questions or concerns, please email us at sales@rangaindustries.com or call +61 7 3123 4035

**ALL POSTAGE COSTS ARE PAID BY THE CUSTOMER.**

**PLEASE ADD A RETURNED POSTAGE SACHEL**



**Purchase Date:** \_\_\_\_\_

**Order Number:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

**Suburb/State/Postcode:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reasons For Return:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_