

# REQUEST FOR GOODS RETURN (GRA)

PLEASE ATTACH THIS FORM WITH RETURNED GOODS. PLEASE ENSURE GOODS ARE PLACED IN A CARDBOARD BOX TOGETHER WITH THIS FORM. A DRIVER FROM A COURIER COMPANY WILL BRING A CONNOTE TO AFFIX TO THE CARTON AND COLLECT FOR RETURN TO ICON.



DATE:	
GRA #	

## CUSTOMER DETAILS

BUSINESS NAME / ACCOUNT NO.:

CONTACT NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

## RETURN DETAILS

CODE	DESCRIPTION	INVOICE NO. SERIAL NO.	REASON FOR RETURN	RE-SALEABLE CONDITION? Y/N	WARRANTY CLAIM Y/N

### PERMISSION TO RETURN AND TO RECEIVE CREDIT

We will accept return of merchandise ONLY IF IT IS IN A RE-SALEABLE CONDITION, you must advise Icon Medical Supplies on the return of the item within 5 days of receipt and obtain a GRA (Goods Returns Authorisation) number, complete the Goods Return Form and include the GRA number on the paperwork. If this information is not included with the return, then the goods may be returned to you and not assessed for repair, replacement or credit. If all fields are met we will Issue Credit to your account or Credit Card in Australian dollars. The shipping of the returned item is the responsibility of the customer.

### DAMAGED OR INCORRECT MERCHANDISE

We will, upon your request, replace any merchandise that is received in a damaged condition or as a result of a picking error. You must advise Icon Medical Supplies on the return of the item within 5 days of receipt and obtain a GRA (Goods Returns Authorisation) number, complete the Goods Return Form and include the GRA number on the paperwork. If this information is not included with the return, then the goods may be returned to you and not assessed for replacement or credit. If all fields are met we will Issue you with a Replacement or Credit. No material will be accepted or replacements issued without prior approval to return such merchandise. Filing of claims will be our responsibility. The shipping of the returned item is the responsibility of Icon Medical Supplies.

COMMENTS: