CIVILAB AUSTRALIA

Civilab Australia Pty Ltd

Customer Goods Return Form

Order Details	Invoice / Order Number: Purchase Date: Item Name/Code:
Customer Details	Company Name / Address: Contact Name: Phone: Email:
Ship To	Atten: Delivery Address: Suburb: State: Postcode:
Equipment Details	Equipment Type: Serial Number/s: Manufacturer/Brand: Model:
Reason for Return	☐ Service and Repair ☐ Calibration ☐ Warranty Exchange **Comments;**
Signature	**Date:**