

# PRODUCT RETURN FORM

Kindly complete this form and enclose it with goods being returned for credit.

Product name/s:

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Purchased on Invoice #: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

**Invoice number MUST be stated. Contact us if you are unsure of the invoice number related to the above product.**

Reason for Return:

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Account Holders Name: \_\_\_\_\_

Your name and contact details:

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Date: \_\_\_\_\_ **I have read and understand the Goods Returned Policy:**

## Goods Returned Policy:

Prior approval should be obtained before any goods are returned for Credit. Upon obtaining approval, the goods must be returned Freight Paid within 14 days from the date of the original invoice. We reserve the right to Charge a re-stocking fee of either 10% (+GST) of the value of the goods being returned, or \$15.00 (+GST), whichever is greater. **Further, please ensure:**

- all goods being returned for Credit are in the Manufacturer's original un-opened packaging
- are packed for return in an appropriate manner to ensure they are delivered back to us in an un-crushed, un-damaged, and resaleable, condition
- where applicable, have an expiry date greater than 12 months to expiry



If sending goods to us by Australia Post, please address goods to :

Briggate Medical Company  
Att: Accounts Department  
P.O. Box 531  
Braeside VIC 3195



If sending goods to us by Carrier/Courier, please send to :

Briggate Medical Company  
Att: Accounts Department  
23-25 Lakewood Blvd  
Braeside VIC 3195

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