



AUDION INNOVISION PTY LTD

ROTATION REQUEST

Store: _____

Address: _____

State: _____ Post Code: _____

Ph: _____ Fax: _____

Email address: _____

Product: _____ Qty: _____ Invoice No. _____

Product: _____ Qty: _____ Invoice No. _____

Product: _____ Qty: _____ Invoice No. _____

Product: _____ Qty: _____ Invoice No. _____

Rotation Amount \$ _____

Value of replacement order \$ _____

Purchase order number: _____

Please Note that all stock must be returned in a saleable condition and meet the following conditions to prevent the goods being rejected at the sender's expense.

- **All Stock must be shipped in outer cartons with the RMA number clearly marked on the outside.**
- **There can not be any labels, stickers or price tags on the retail packaging.**
- **The complete working product must be returned.**
- **Demo units can not be rotated**

I agree the goods being rotated meet all the conditions listed above.

Signed: _____

Date: _____

RA Number: _____

Ship RMA Product to the Address Below

Audion Innovision Pty Ltd, 25 Keppel St, Shepparton, Victoria 3630

PH 1300 300 364 FAX 1300 304 364 EMAIL support@audion-mm.com