

Audion Innovision Warranty Claim Procedure

Company Name: Audion Innovision Pty Ltd
Phone: 1300 300 364
Fax: 1300 304 364
Email: support@audion-mm.com
Webpage: <http://www.audion-mm.com>

All new Products will have the Limited Warranty period for 12 months. If you are uncertain if your Product is eligible for Limited Warranty support, please contact our support team for clarification here.

Warranty period starts from customer purchased date.

Our goods come with guarantees that cannot be excluded under the Australian Consumer Law. You are entitled to a replacement or refund for a major failure and compensation for any other reasonably foreseeable loss or damage. You are also entitled to have the goods repaired or replaced if the goods fail to be of acceptable quality and the failure does not amount to a major failure.

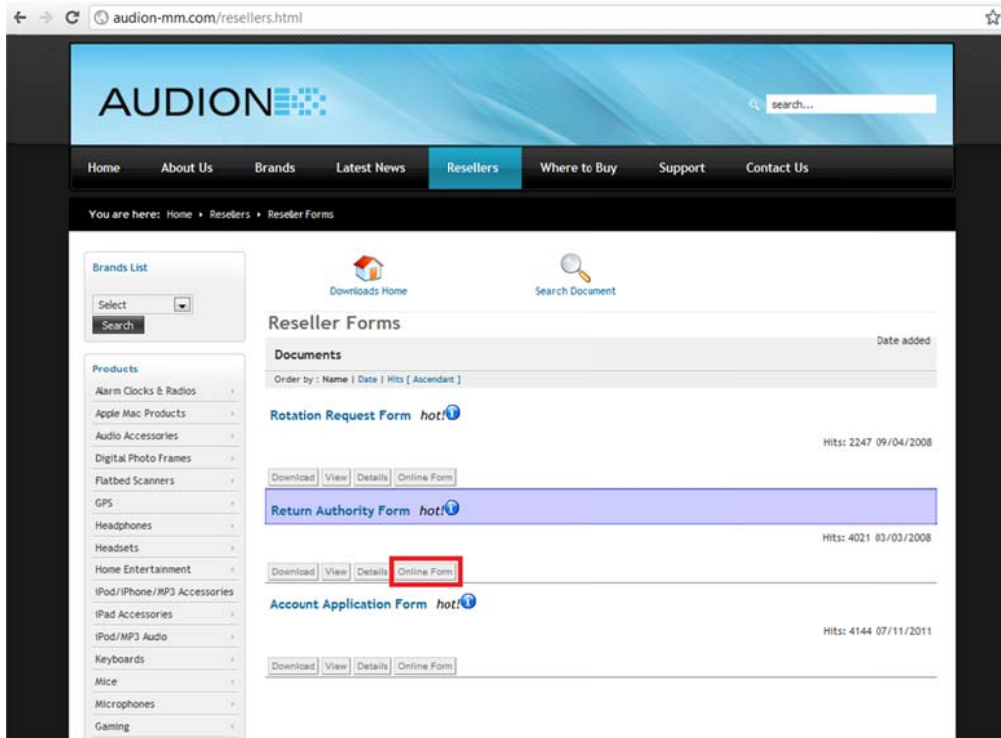
For any Limited Warranty claim, a valid Proof of Purchase is required. A valid Proof of Purchase is defined as one of the following:

A dated sales receipt from an authorized Dealer or Reseller. The receipt must show the Product description and price. A dated official e-mail from an authorized online Dealer, Reseller, Flybys or Credit Card Rewards Program confirming purchase and shipment of Product. The confirmation e-mail must show the Product description and price.

You will be considered to have returned the said product to Audion Innovision, if you have delivered the product to a carrier and have taken all necessary steps to ensure that the product is delivered to Audion Innovision. We advise that you select a method of shipping that is traceable (eg. Registered Post, Express Post, Courier). You are responsible for shipping and handling charges as well as any applicable customs, duties or taxes in returning the product to Audion Innovision. Risk in the returned product only passes to Audion Innovision when the product is received by Audion Innovision and Audion Innovision shall not be responsible for items lost in transit to us. In the event that the procedure herein is not followed, Audion Innovision reserves the right to accept the delivery of the product on such terms that it may determine at its sole discretion.

To return your product, you must obtain an Return Merchandise Authorization Number (RMA). Please note that the RMA number must be noted on the outside of the returned product's package.

To obtain an RMA number, please visit our webpage – <http://audion-mm.com/resellers/> and click on the “Online Form” button below “Return Authority Form” to fill in your details. Once your claim has been approved, our claims department will notify you with a RMA number and instructions on how to return your product.



RMA REQUISITION FORM

Cus ref doc #:

Company Name:

Address:

State: Postcode:

Tel No: Fax:

Email: Contact Person:

Item	Brand	Model	Serial No.	Qty	Invoice No.	Color	Fault Description	Remark
1								

Attach supporting documents: (Max upload file size: 8 MB)
[Add file](#)

Please use separate sheet for D.O.A and supporting documents are required for D.O.A request.
 A RMA number will be issued upon approval. Please ensure the product send in are under our distributorship and within the warranty period.
 Stock must be shipped in outer cartons with RMA approval number clearly marked on the carton.
 No store labels or stickers on the retail packaging.
 All accessories and parts must be returned with the unit.
 All returns are shipped at the expense of the sender.
 ** Pls note that RMA process will be on hold if there have no complete details given. (eg: model, qty, fault description...etc)

If customer does not have access to a computer or internet, they can choose to fax or mail through the RMA Requisition Form.

AUDION INNOVISION PTY LTD

15 STUBBS STREET, KENSINGTON, VICTORIA, AUSTRALIA.

Main Line : 1300 300 364 Fax: 1300 304 364

Service Hotlink: 1300 300 364 (EXT:102)

RMA REQUISITION FORM

Cus ref doc#:

Contact :

Date of request:

RMA NO:	
SALES PERSON:	
ORD NO:	INV NO:

PLEASE STATE CLEARLY ALL the item submitted for service to Audion Innovation P/L

Company Name		Audion Official Use	
Address		Processed by:	Return to Loc:
State: Postcode:		Purpose:	
Tel No.:		Repair	
Fax No.:		Replace	
Email Address:		Credit	
Contact Person :			

Item	Brand	Model	Serial No	Qty	INV no.	Color	Fault Description	Remark
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Please use separate sheet for DOA and supporting documents are required for DOA request

Please use Continuation Sheet if more ITEMS

A RMA number will be issued upon approval. Please ensure the product send in are under our distributorship and within the warranty period.

Stock must be shipped in outer cartons with RMA approval number clearly marked on the carton.

All accessories and parts must be returned with the unit.

All returns are shipped at the expense of the sender.

REQUEST AND ACKNOWLEDGE BY

GOODS RECEIVED BY

GOODS CHECKED/REPAIRED BY

SIGNATURE AND DATE

(Dealer)

SIGNATURE AND DATE

SIGNATURE AND DATE

** Pls note that RMA process will be on hold if there have no complete details given. (eg: model,qty, fault description...etc)