

## **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.

YOU MUST CALL ICON PRIOR TO SENDING ANY GOODS BACK TO SEE IF YOU QUALIFY FOR A GRA.
THIS FORM MUST COME BACK WITH THE GOODS.

DATE	
GRA#	

ACCOUNT NO.				BUSINESS NAME							
CONTACT NAME		ADDRESS									
PHONE				EMAIL							
RETURN DETAILS											
CODE	INVOICE #	QTY		DESCRIPTION		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 from Medical Supplies on the return of the item within 5 days of receipt and obtain a GRA (Goods											

**CUSTOMER DETAILS** 

**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.

INTERNAL USE	CHECKED BY	CREDIT	COLLECTED BY	DATE	CREDIT INVOICE



## REQUEST FOR GOODS RETURN

RETURN TO: ICON MEDICAL SUPPLIES

UNIT B, 75–77 ST HILLIERS RD

**AUBURN NSW 2144**