



Returns Policy

1. All returns must be made within 14 days of receipt of goods.
2. All items originally supplied in manufacturers/distributors boxes, must be returned in their original packaging.
3. Return of goods will not be accepted without authorization.
4. Returned goods must be accompanied by a credit request (P.T.O.) indicating Order number, Invoice number and the reason for return.
5. Credits will only be issued on receipt of goods in a satisfactory condition.
6. Goods returned through incorrect ordering will be credited less a 15% handling charge and initial forwarding freight costs and return costs will be to the customer account.
7. Goods specially purchased or manufactured to meet customer requirements, goods in any way re-worked/painted or goods damaged by the customer will not be accepted for credit.

For Return/Credit enquiries, please contact the sales department at the branch where the goods were purchased.



Bulk
Discount



Technical
Advice



Universal
Range



Yatala 7.00-4.00
Toowoomba 7.30-4.30



Australian
Owned



4 Hour
Dispatch

Head Office/ Yatala Branch:

9 Gassman Drive, Yatala QLD 4207

Telephone (07) **3489 9999** , Facsimile (07) **3489 9988**

E-mail sales@nutandbolffactory.com.au

Toowoomba Branch:

347 Taylor Street, Toowoomba QLD 4350

Telephone (07) **4634 0677**, Facsimile (07) **4634 0699**

E-mail sales.twba@nutandbolffactory.com.au

ABN 98 063 592 549



REQUEST FOR TAX CREDIT ADJUSTMENT

DATE: _____ INVOICE #: _____

CUSTOMER NAME: _____

PURCHASE ORDER #: _____

REASON FOR TAX CREDIT REQUEST:
(PLEASE TICK ONE)

- INVOICING ERROR
- PRICING ERROR
- PICKING ERROR
- GOODS LEFT BEHIND

- KEYING ERROR
- OVER ORDERED
- FAULTY PRODUCT
- REQUIRED DIFFERENT GOODS

ITEM RETURNED: _____

QUANTITY: _____
CORRECTED PRICE PER UNIT _____
EX GST (IF APPLICABLE): _____

REASON FOR RETURN: _____

ITEM RETURNED: _____

QUANTITY: _____
CORRECTED PRICE PER UNIT _____
EX GST (IF APPLICABLE): _____

REASON FOR RETURN: _____

ITEM RETURNED: _____

QUANTITY: _____
CORRECTED PRICE PER UNIT _____
EX GST (IF APPLICABLE): _____

REASON FOR RETURN: _____

***** OFFICE USE ONLY *****

HAS CUSTOMER FOLDER BEEN UPDATED & LOADED: YES NO

THIS SECTION MUST BE COMPLETED BEFORE CREDIT CAN BE APPROVED AND PROCESSED

RESTOCKING FEE: YES NO

GOODS RETURNED BY: _____ DATE RETURNED: _____

APPROVED BY: _____

CREDIT NOTE: _____ DATE PROCESSED: _____

PROCESSED BY: _____



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