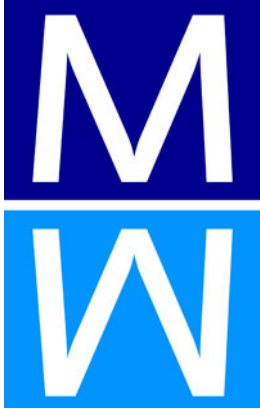


RETURN REQUEST FORM



Date _____
Your name _____
Company _____
Address _____
Phone _____
Fax _____
Email _____

1. Complete this RA Request form in **full** and **fax back** to **07 5442 2466**
2. If your Return Request is approved, an RA number will be issued and either faxed or emailed back to you.
3. Freight on return goods will not be paid by MARLINA
4. If you have been issued with an RA number please ensure the RA number is stated clearly on the goods returned. Only use MARLINA label supplied for the return of the goods.
5. Please return goods within 7 days and ensure all items are packed carefully to prevent damage.
6. DOA products must be returned as new in original cartons and with all original packing material and instruction manuals.
7. The issuing of a Return Authority Number in no way obligates MARLINA to credit the goods.

Invoice No.	Product Code	Serial No.	Detailed Description of Fault

Invoice No.	Product Code	Serial No.	Detailed Description of Fault

OFFICE USE ONLY

Your Return Request has been

- approved** for return to Marlina for processing
 rejected _____

Your Return Authority Number is:

NOTE: Please quote RA number listed above on all boxes being returned. Please return goods within 7 days and ensure all items are packed carefully to prevent damage.