



Return Authority Form

RA NO. _____

Full Name: _____

Return Address: _____

Invoice No: _____

Contact Phone Number: _____

Make & Model of Unit: _____

Serial Number: _____

Fault: _____

Credit Card Number: _____

Credit Card Expiry: _____

Signature: _____

Date: ____/____/____

**Please Send Units for Service or Repair to:
Security Gear
PO Box 3009
Carlisle South, WA 6101**

- ***A Return Authority Form must be returned with all Service or Repair Units as Servicing or Repairs will not commence until this Form is received.***
- ***The Service Fee of \$225.00 does not always include the replacement of defective or damaged parts, if there are any additional charges we will contact you to obtain your consent where applicable.***
- ***A Freight Charge of \$20.00 is applicable for all returns.***

Office Use Only:	
RA No:	Date Received:
CN Number:	Date Returned: