

# BodyAdjust

## Sleep System

by



### PRODUCT RETURN AUTHORISATION

Please complete a separate form for every item being reported or returned to **MULTiWAY**. Entire products (whole, with accessories or options sold) are required for service, repairs, or warranty returns and claims. Please ensure that all components are returned with this form to your retailer or service agent.

**GOODS TO BE SENT TO:-**

COMPANY NAME: .....

ATTN (CONTACT NAME): ..... PHONE NUMBER: .....

STREET ADDRESS: .....

SUBURB: ..... STATE: ..... POSTCODE: .....

### SENDER DETAILS:

NAME: ..... PHONE NUMBER: .....

If being returned by a distributor: EMAIL ADDRESS: .....

COMPANY NAME: .....

POSITION: .....

STREET ADDRESS: .....

SUBURB: ..... STATE: ..... POSTCODE: .....

**REASON FOR RETURN**

Service Repair

Service call number (if already raised): .....

Trial Return

Consignment return

Other

Serial number: .....

Invoice number: .....

(or attach a copy of your Proof of Purchase to this form)

Please describe the problem: .....

Product Code: .....

Product Description: .....