

Warranty Return Form

Note: For all returns please contact GSL (see end of page) for a RA No. before filling out this form.

RA #: _____ Date: / /

| Contact Information | | | |
|---------------------|------------------|--|--|
| Company Name: | Company Contact: | | |
| Postal Address: | Telephone: () | | |
| | Fax: () | | |
| | Email: | | |

| Product Part #: | QTY: | Invoice #: | Date Of Purchase / Sale | Fault Description |
|-------------------|------|------------|----------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Additional Notes: | | | | |
| | | | | |
| | | | | |
| | | | | |

Please Note:

Please return a copy of this completed form with the product/s. If unable to email this form please fax to (02) 9620 9988.

Please refer to the RA Number issued with regards to all enquires about your warranty return claim with GSL Electronics.

Contact GSL Electronics:

| Unit 2 | Phone: | (|
|-----------------------------------|--------|---|
| 110 Station Road | Fax: | (|
| Seven Hills NSW 2147 Australia | Email: | |

(02) 9620 9988 (02) 9620 9899 info@gsl.com.au