



## GOODS RETURN REQUEST FORM

Please ensure that you complete all fields on the form. Your Claim form and customer receipts MUST also be included.  
Upon completion either fax or email the form to:

Fax 1800 007 289

Email [returns@delonghi.com.au](mailto:returns@delonghi.com.au)

OFFICE USE ONLY GRA #	MODEL NUMBER	QTY	PRICE (EX GST)	DELONGHI INV #	CLAIM #	REASON
TODAYS DATE:						
STORE/COMPANY NAME						
PICK UP ADDRESS:						
CONTACT PERSON:						
EMAIL:						
FAX #:						
PHONE #:						