

Batteries Direct – Returned Goods Form

This form is required for all goods returned to Batteries Direct.
Failure to include this form with any returned goods will delay any action requested

INVOICE / BD #

TODAY's DATE: / /

NAME:

ADDRESS:

Phone Number:

Email Address:

DATE ORDERED : / /

Item Description / Part Number:

Reason for Return :
(Detailed description of problem and / or Reason
for return, do not just write “Faulty”)

BD Internal Use Only

BDRG Number

Supplier

Claim Number

Sent for Evaluation

Date: / /

Received back

Date: / /

Report Details:

Comments :

Approved by:

Accepted / Rejected

***Print and enclose a copy of the
completed form with the returned goods.***

Return address : **Batteries Direct, Returned Goods Dept.**
Unit 32/55-59 Norman Street, Peakhurst NSW 2210