



Returned Goods Authorisation Form

Please complete this form and mail it along with the goods to...

Returns Department
Gateway Sports & Rehab
3/22 Beaumont Road
MT KURING-GAI, NSW, 2080

In order for us to process your request, please ensure you fill out all of the information requested below.

Please tick to show your preferred option: A replacement product ☐ A credit ☐

CUSTOMER INFORMATION:	
Name:	
Address:	
Phone Number:	
Email:	
PRODUCT INFORMATION:	
Date Purchased:	Invoice Number:
Product Code:	Product Name:
Reason for Return:	
FOR INTERNAL USE ONLY:	
Date received:	Goods are still in saleable condition: YES / NO
Warehouse assessment:	

Phone: 1300 982 259
Email: sales@gatewayrehab.com.au
www.gatewayrehab.com.au