

WELDING TECHNOLOGY LTD

3A Echelon Place, East Tāmaki, Auckland 2013

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RETURNS FORM

Company Name:

Company Account Number:

Name:

Address:

Phone number:

Email:

Packing Slip /Invoice number: (please also attach a copy)

Method of Return: Courier Drop off

Reason for wanting to return goods:

Please read our terms and conditions regarding returned goods