

Effective from 1st July 2020.

This excludes all items related to service and repair.

## The following table outlines guidelines for product returns.

This table will help you understand the circumstances where re-stocking fees may apply. The application form can be found on page 2 of this document. All fields in this form are mandatory. Serial numbers must be provided for all products. Hills is not bound by these guidelines. Please refer to your Hills terms and conditions of sale which govern your purchase.

Approved applications will be issued a Goods Return Authority (GRA number). The GRA document will need to be included with the returned goods, otherwise they will not be accepted.




### Return Scenario\*

### Re-Stock Fee

Return Scenario*	Re-Stock Fee
<p><b>A</b></p> <ul style="list-style-type: none"> <li>• Goods Return Application attached</li> <li>• Goods in brand new condition - box must be sealed</li> <li>• Boxes unmarked</li> <li>• Sales office or Warehouse error</li> <li>• Within 14 days of invoice date</li> </ul>	<b>NO FEE</b>
<p><b>B</b></p> <ul style="list-style-type: none"> <li>• Goods Return Application attached</li> <li>• Goods in brand new condition - box must be sealed</li> <li>• Boxes unmarked</li> <li>• Customer error / reduction of scope</li> <li>• Within 30 days of invoice date</li> </ul>	<b>20% FEE</b>
<p><b>C</b></p> <ul style="list-style-type: none"> <li>• No Goods Return Application attached</li> <li>• Packaging and/or accessories missing</li> <li>• Boxes opened and/or written on</li> <li>• Goods marked or damaged</li> <li>• Goods greater than 30 days from invoice date</li> <li>• Custom colour or custom built orders</li> </ul>	<b>NOT RETURNABLE</b>
<p><b>D</b></p> <ul style="list-style-type: none"> <li>• Goods Return Application attached</li> <li>• Box unmarked and original</li> <li>• Goods in brand new condition</li> <li>• All accessories must be included</li> <li>• Fault description supplied and in detail</li> <li>• Within 14 days of invoice date</li> <li>• If no fault is found with the item the goods will be returned at the dealers cost</li> </ul>	<b>SUBJECT TO MANUFACTURER'S WARRANTY CONDITIONS</b>

\*The guidelines are subject at all times to the terms and conditions under which the goods were supplied.

For more information on these and other best-in-class solutions from Hills Limited call us on 08001 HILLS (44557) or visit hills.co.nz

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HILLS LIMITED  
ABN 35 007 573 417  
ACN 007 573 417

**HILLS.**<sup>TM</sup>

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## CONTACT DETAILS

Company Name:	<input type="text"/>	Company Address:	<input type="text"/>		
Ref#/RA# (if applicable):	<input type="text"/>				
Full Name:	<input type="text"/>	Hills Account Number:	<input type="text"/>		
Phone/Mobile:	<input type="text"/>	GRA Number:	<input type="text"/>	Date:	<input type="text"/>
Email Address:	<input type="text"/>	By submitting this form I acknowledge that fees may apply and approval for this application is at Hills discretion.			<input type="checkbox"/> I understand

## PRODUCT DETAILS

### PRODUCT 1

Brand:	<input type="text"/>	Product Code:	<input type="text"/>	Serial number/s:	<input type="text"/>	Quantity:	<input type="text"/>
Condition:	<input type="text"/>	Original Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>		
Product Description:	<input type="text"/>						
Reason for return:	<input type="text"/>						

### PRODUCT 2

Brand:	<input type="text"/>	Product Code:	<input type="text"/>	Serial number/s:	<input type="text"/>	Quantity:	<input type="text"/>
Condition:	<input type="text"/>	Original Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>		
Product Description:	<input type="text"/>						
Reason for return:	<input type="text"/>						

### PRODUCT 3

Brand:	<input type="text"/>	Product Code:	<input type="text"/>	Serial number/s:	<input type="text"/>	Quantity:	<input type="text"/>
Condition:	<input type="text"/>	Original Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>		
Product Description:	<input type="text"/>						
Reason for return:	<input type="text"/>						

### PRODUCT 4

Brand:	<input type="text"/>	Product Code:	<input type="text"/>	Serial number/s:	<input type="text"/>	Quantity:	<input type="text"/>
Condition:	<input type="text"/>	Original Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>		
Product Description:	<input type="text"/>						
Reason for return:	<input type="text"/>						

## COMMENTS

## CUSTOMER SIGNATURE (MANDATORY)

By signing this form I acknowledge that I have returned the items listed above.

Office use only - GRA Number #: