Please attach to all returned spare parts - Complete one SRA form per invoice.

Date:				SRA No:			
Account No:						Electrolux O	ffice Use Only
Custon	ner Name:						
Address:							
Invoice No:					Invoice Date:		
Customer Ref:							
Contact Name:							
Phone:				Fax:			
Item Details Office Use							
Qty	Qty Part No:		Reason fo				Line No:

Note: All goods must be returned within 14 days of SRA being issued.

ELECTROLUX HOME PRODUCTS
A Division of Electrolux (NZ) Limited

MAILING ADDRESS 3 NIALL BURGESS ROAD MT WELLINGTON PO BOX 12-170 PENROSE OFFICE ADDRESS
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