



## RETURN / SERVICE REQUEST FORM

SHIMANO NEW ZEALAND  
79 APOLLO DRIVE  
ROSEDALE, AUCKLAND 0632  
PH: +64 9 478 1969  
EMAIL: bikeinfo@shimano.co.nz

DATE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

STORE NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

INVOICE NUMBER: \_\_\_\_\_ INVOICE DATE: \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_ ORDER REFERENCE: \_\_\_\_\_

CREDIT REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CODE	QTY	DESCRIPTION	PRICE EX

**\*\* No returns accepted or claims allowed unless made to Shimano New Zealand Limited within 14 days of shipment receipt. \*\***

**\*\* ORIGINAL COPY OF INVOICE OR DELIVERY DOCKET MUST BE ATTACHED \*\***

## SERVICE REQUEST FORM

PRODUCT CODE (e.g SG-S7001): \_\_\_\_\_ CONTACT: \_\_\_\_\_

ORIGINAL PURCHASE DATE / AGE: \_\_\_\_\_

SYMPTOMS / ISSUES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* Upon Receipt/Inspection of item a Shimano Technician will be in contact via phone to discuss Condition/Price for Service and turn around time \*\***