



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. ****

**** RESTOCKING FEE MAY BE APPLIED AT THE DISCRETION OF SHIMANO NEW ZEALAND ****
**** 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