



## CONTAINER RETURN FORM (LNL & SB)

CUSTOMER DETAILS	
<b>Customer Name &amp; Branch</b>	
<b>Address</b>	
<b>Your Original Purchase Order No</b>	
<b>AgNova Sales Invoice No (if known)</b>	

### CONTAINER RETURN DETAILS

QTY		
<input style="width: 40px; height: 30px; border: 1px solid #ccc;" type="text"/>	<b>COUNTER 150G 22KG SMARTBOX (SB) CONTAINERS</b> (13454 / 13162C)	<div style="background-color: #76b82a; color: white; text-align: center; padding: 5px; font-weight: bold;">ACTION</div> <p style="margin: 5px 0;">1. Please ensure that a copy of this Lock'n'Load / SmartBox count sheet is completed and <b>attached to the outside of every black outer box / pallet</b> returned.</p> <p style="margin: 5px 0;">2. <b>Email Return Form and POD to AgNova.</b></p>
<input style="width: 40px; height: 30px; border: 1px solid #ccc;" type="text"/>	<b>THIMET 200G 22KG SMARTBOX (SB) CONTAINERS</b> (13412 / 13162T)	
<input style="width: 40px; height: 30px; border: 1px solid #ccc;" type="text"/>	<b>COUNTER 150G 20KG LOCK'N LOAD (LNL) CONTAINERS</b> (12723 / 12422)	
<input style="width: 40px; height: 30px; border: 1px solid #ccc;" type="text"/>	<b>THIMET 200G 20KG LOCK'N LOAD (LNL) CONTAINERS</b> (12006 / 12421)	

All freight returns are at the customer's expense.

**RETURN TO:**

<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="checkbox"/> <b>DGL BRISBANE</b> 25 Ashover Rd, Rocklea QLD 4106	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="checkbox"/> <b>DGL GRIFFITH</b> 1/36 Collier ST Griffith NSW 2680	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="checkbox"/> <b>LAND TRANSPORT MOREE</b> 40 Industrial Dr, Moree NSW 2400
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**EMAIL:** \_\_\_\_\_

**APPROVED:**  By ticking this box, you confirm all drums are in good order

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR PROCESSING, PLEASE EMAIL THIS FORM AND POD TO: [orders@agnova.com.au](mailto:orders@agnova.com.au)**

Please contact AgNova if you have any damaged containers.

Office Use:	Customer No: _____	GMA: _____
	Invoice Paid: Y / N	POD: Y / N
	Credit No: _____ Date: _____	Inspected: _____