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| **RETURN MERCHANDISE REQUEST** |
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|  |
| To assist us with your returns, we require all fields to be completed to avoid any delays in processing your request. **DO NOT RETURN THE GOODS UNTIL YOU HAVE RECEIVED AN RMA# FORM FROM US. RMA form MUST be attached together with the goods when returning.** |  |
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| **CONTACT INFORMATION** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Company Name: |   |  |
| Address: |   |  |
| Contact: |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **PRODUCT INFORMATION** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Item 1:** |  |  |  |  |  |  |  |  |  |  |
| Invoice # |   |  |
| Reason for return: |   |  |
| Model # |   |  |
| Serial # |   |  |
| Fault Description: |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Item 2:** |  |  |  |  |  |  |  |  |  |  |
| Invoice # |   |  |
| Reason for return: |   |  |
| Model # |   |  |
| Serial # |   |  |
| Fault Description: |   |  |
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|  |  |  |  |  |  |  |  |  |  |  |
| **RETURN METHOD** |  |
|  |  |  |  |  |  |  |  |  |  |
| **By Drop off** |  |  | Date: |   |  |  |  |
| Name of person dropping off: |  |  |  |
| Which Office: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **By Post** |  |  | Date: |   |  |  |  |
| Courier Company: |  |  |  |
| Tracking # |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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| **OFFICE USE ONLY** |
|  |  |  |  |  |  |  |  |  |  |
| Received Date: |   |
| Received By: |   |
| Sales Order # |   |
| Checked By: |   | Date: |   |
| Comments after testing: |
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| Resolution |   |  |
|   |  |  |  |  |  |  |  |  |  |
| Replacement |  |  |  |  |  |  |  |  |  |
| Sales Order # |   |  |  |  |  |  |  |
| Date: |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Picked up by: |   | Date: |   |  |
| Signature: |   |  |
|  |
| Delivered By: | Courier: |   |  |
|  |  | Tracking# |   | Date: |   |  |
| Return Comments: |  |
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