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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** | | | | | | | | | | | | | | | | | | | | |  |
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| Company Name: | | | | |  | | | | | | | | | | | | | | | |  |
| Address: | | | | |  | | | | | | | | | | | | | | | |  |
| Contact: | | | | |  | | | | | | | | | | | | | | | |  |
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| **PRODUCT INFORMATION** | | | | | | | | | | | | | | | | | | | | |  |
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| **Item 1:** | | | |  |  | |  |  | |  | |  | |  | |  | |  | | |  |
| Invoice # | | | | |  | | | | | | | | | | | | | | | |  |
| Reason for return: | | | | |  | | | | | | | | | | | | | | | |  |
| Model # | | | | |  | | | | | | | | | | | | | | | |  |
| Serial # | | | | |  | | | | | | | | | | | | | | | |  |
| Fault Description: | | | | |  | | | | | | | | | | | | | | | |  |
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| **Item 2:** | | | |  |  | |  |  | |  | |  | |  | |  | |  | | |  |
| Invoice # | | | | |  | | | | | | | | | | | | | | | |  |
| Reason for return: | | | | |  | | | | | | | | | | | | | | | |  |
| Model # | | | | |  | | | | | | | | | | | | | | | |  |
| Serial # | | | | |  | | | | | | | | | | | | | | | |  |
| Fault Description: | | | | |  | | | | | | | | | | | | | | | |  |
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| **RETURN METHOD** | | | | | | | | | | | | | | | | | | | | |  |
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| **By Drop off** | | | | |  | |  | Date: | |  | | | | | |  | |  | | |  |
| Name of person dropping off: | | | | | | | | | | | | | | | |  | |  | | |  |
| Which Office: | | | | | | | | | | | | | | | |  | |  | | |  |
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| **By Post** | | | | |  | |  | Date: | |  | | | | | |  | |  | | |  |
| Courier Company: | | | | | | | | | | | | | | | |  | |  | | |  |
| Tracking # | | | | | | | | | | | | | | | |  | |  | | |  |
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| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | |
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| Received Date: | |  | | | | | | | | | | | | | | | | |
| Received By: | |  | | | | | | | | | | | | | | | | |
| Sales Order # | |  | | | | | | | | | | | | | | | | |
| Checked By: | |  | | | | | | | | | | | Date: | |  | | | |
| Comments after testing: | | | | | | | | | | | | | | | | | | |
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| Resolution | |  | | | | | | | | | | | | | | | | |  |
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| Replacement | |  |  | | |  | | |  | |  | |  | |  | |  | |  |
| Sales Order # | |  | | | | | | |  | |  | |  | |  | |  | |  |
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| Picked up by: | |  | | | | | | | | | | | Date: | |  | | | |  |
| Signature: | |  | | | | | | | | | | | | | | | | |  |
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| Delivered By: | | Courier: |  | | | | | | | | | | | | | | | |  |
|  |  | Tracking# |  | | | | | | | | | | | | Date: | |  | |  |
| Return Comments: | | | | | | | | | | | | | | | | | | |  |
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