

RETURN MERCHANDISE REQUEST

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.

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:	

RETURN METHOD

By Drop off	Date:	
Name of person dropping off:		
Which Office:		

By Post	Date:	
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Courier Company:
Tracking #

OFFICE USE ONLY

Received Date:			
Received By:			
Sales Order #			
Checked By:		Date:	
Comments after testing:			

Resolution	
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Replacement	
Sales Order #	
Date:	

Picked up by:		Date:	
Signature:			
Delivered By:	Courier:		
	Tracking#	Date:	

Return Comments: