



RMA REQUEST FORM

In order to expedite the processing of your RMA number, please fill out this form completely and fax to (03)9761 5502 or email to info@alcad.com.au . Once your RMA request is processed, we will return your form with a Return Merchandise Authorization number via e-mail.

Customer Information

Company Name: _____
Shipping Address: _____
Contact Person: _____

Telephone: _____
Fax: _____
E-mail: _____

Product and Return Information

MODEL No.	SERIAL Number	INVOICE NUMBER	INVOICE DATE	REPORTED FAULT FOR RETURN

*Copies of receipts if not purchased directly from ALCAD need to be included with products when returned.

*** WHEN RETURNING YOUR PRODUCT TO ALCAD AUSTRALASIA YOU ARE RESPONSIBLE FOR THE COST OF SHIPPING. ANY SHIPMENT THAT IS NOT PRE-PAID WILL NOT BE ACCEPTED. ANY ITEM SENT WITHOUT AN RMA NUMBER WILL NOT BE ACCEPTED AS A WARRANTY CLAIM AND WILL NOT BE RETURNED UNLESS SHIPMENT IS PAID FOR RETURN OF GOODS.**

ALCAD Internal Office Use

Date: _____

RMA NUMBER Approved By: _____

RMA NUMBER: