

## 32 Howden Rd Unit 1 Scarborough, ON M1R 3E4

**RMA Request Form**Please complete this form and fax it back to us at **416-291-2375** 

| Contact:    | Phone:       |                          | Fax:                         |   |
|-------------|--------------|--------------------------|------------------------------|---|
| RMA Date    | Requested by | Invoice Numbers          | Invoice Dates                |   |
|             |              |                          |                              |   |
| Part Number | Description  | Reaso                    | Reason for Return Quant      |   |
|             |              |                          |                              |   |
|             |              |                          |                              |   |
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|             |              |                          |                              |   |
|             | ***          | *For Office Use Only**** |                              |   |
| RMA#:       | Date Issued: |                          | Date Received From Customer: |   |