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|---------------|--|
| RMA Number | |
| Authorized by | |

RMA Request Form

Please fill out this form as completely and clearly as possible

*Company/Customer Name:

*Contact Name:

*Contact Number:

*Email Address

*Order / Invoice Number:

*Order Date:

*Installation Date:

*Failure Date:

*Product Name(s):

*Product Code & Serial Number(s):

*Quantity:

*Reason For Return: (please tick)

| | |
|-------------------------------|--------------------------|
| Faulty, please supply details | <input type="checkbox"/> |
| Order Error | <input type="checkbox"/> |
| Received Wrong item | <input type="checkbox"/> |
| Other, please supply details | <input type="checkbox"/> |

*Fault or other details:

Signed:

Date:

(For Office Use)

Date Item(s) sent to Service Centre

Consignment Number

Date Item(s) Returned to BM

Outcome

Customer Receipt

RMA Number

Name of Staff Member:

Date:

Product (s):

Fault or other details:

Outcome:

Company Registered Address: Unit 29 Alexandra Way, Ashchurch Business Park, Tewkesbury, Gloucestershire, GL20 8NB

Registered in England. Company Registration Number: 07476052. VAT Registration Number: GB775428105

