R.M.A. Request Form

RMA No:

Date:

Company Name: **Contact Name:**

Tel : **Fax :** **Request Date:**

Invoice No.	Item No.	Serial No.	Qty.	Reason for return

For Office Use.

Goods Rec'd By: _____

Remarks: _____

_____

Approved By: _____

Transaction Approved By: _____ Date: _____

ACP Marketing Inc.
#120-13751 Mayfield Place,
Richmond, BC. Canada V6V 2G9
Tel:(604)278-2811 Fax:(604)278-1211

Notice:

1) Must attach appropriate invoice copy along with this form.
2) Detail report must be submitted to obtain replacement or credit.
3) A 20% restocking fee is charged on all goods returned for credit.
4) Items shipped collect, or without an RMA number will be refused.
5) We request at least 48 hours to test returns.

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