
Return Material Authorization (RMA) Request Form

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ Fax: _____.

REQUEST DATE: _____

CONTACT PERSON: _____

INVOICE DATE	INVOICE #	ITEM Part#	QTY	S/N or Item Description	DEFECTIVE DESCRIPTION

Replacement Policy:

Products purchased through RCT and under warranty may be returned for replacement by filling out this RMA form:*

- For defective products, RCT. reserves the right to determine whether the product is defective or not.
- RMA only be processed directly once it has been deemed defective, when the above information is fully provided.
- Any problems with major brand name products must contact directly with the manufacturer. Manufacturer's warranties vary by Manufacturer Product Index.
- Should you have any questions, please contact our RMA department at 905-470-1031, or toll free 1-800-454-3036.