

Tel 0845 520 0010
Fax 0845 520 0020

Customer Returns Request

RMA

Number: _____
Date: _____

INSTRUCTIONS TO CUSTOMER

Please complete all sections in full, sign at the bottom and return it to Channel-C by fax/email.
Any request for a returns authorisation will be considered within 48 hours of receipt of this form.
RMA number will then be assigned to you. **NO RETURNS WILL BE ACCEPTED WITHOUT A VALID RMA.**

Your details

COMPANY NAME	<input type="text"/>	TEL NO.	<input type="text"/>
CONTACT NAME	<input type="text"/>	EMAIL	<input type="text"/>

Order details

YOUR ORDER NUMBER	<input type="text"/>	DATE RECEIVED	<input type="text"/>
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Items details

PART NUMBER	QTY	CONDITION	CREDIT Y/N	DESCRIPTION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SERIAL NUMBER(S) (mandatory)		<input type="text"/>		
REASON FOR RETURN (please give as much information as possible. "DOA" or "DEAD" will not be accepted.)				
<input type="text"/>				

THIS RMA IS VALID FOR 10 DAYS ONLY FROM THE DATE OF ISSUE, AFTER WHICH THE RETURN WILL NOT BE ACCEPTED.

Signed	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Channel C use only

CCPOP	CCSOP	Supplier	Supplier RMA
CC Cust No	Date recv'd back	Location	Condition
Supplier Cr/note	CC Cr/note	Cust. Ref	Date Closed