



Return Material Authorization Form

RMA No.	<input type="text"/>	Date	<input type="text"/>	Ref Quote	<input type="text"/>	Ref PO	<input type="text"/>
<i>Testforce office use only</i>							

Notice: Please complete and attach a copy of this RMA form to the equipment that will be shipped to Testforce

Manufacturer Name	Model Number	Serial Number	Warranty
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Billing Address

Company:

Address:

City: Province: Postal Code:

Contact Name: Phone: Ext:

Email Address: Fax:

Return Address

Check if same as above:

Company:

Address:

City: Province: Postal Code:

Contact Name: Phone: Ext:

Email Address: Fax:

Reason for Return

Check all that apply: Calibration: Calibration & Data: Repair: Upgrade:

Services Required or Detailed Fault Description:

Accessories with Shipment:

Shipping Instructions for Returning Instruments

EX Works (EXW) Testforce Systems Inc.

Courier: <input style="width:95%;" type="text"/>	Account #: <input style="width:95%;" type="text"/>
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Date:

Signature:

Entering your name above acknowledges your confirmation of this RMA form.

Testforce Systems Inc.

A Testforce Service Representative will contact you upon receiving your RMA form.

Phone: (514) 856-0970

Notice: Evaluation and Shipping fees will still apply in the event that no faults are found while being serviced. Testforce will not accept collect shipments.