

RETURN AUTHORIZATION REQUEST FORM

Date: _____

Contact Name: _____

Retailer's Name _____

Tel.:# _____

Shipping Location: _____

Fax #: _____

QTY	MODEL #	SERIAL #	COMPLAINT	CONSUMER'S NAME

INSTRUCTIONS:

1. Please complete the above information (print clearly) and fax form to 514.745.6068 or 1.888.553.7827 to the attention of **Service Dept** or by **email: rma@automob.ca**
2. **Do not** ship using the original retail carton. Please ship original retail carton and goods inside an appropriate shipping container.
3. When shipping the above product, clearly print the RA# on the outside of the shipping carton, and ship via any courier of your choice – **PREPAID**, otherwise it will be **REFUSED** by our receiving department.
4. Any items refused for warranty upon inspection will automatically be returned to the customer freight collect. All warrantied items replaced or repaired will be shipped back freight prepaid.

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For Office use only.

RA #

DATE ISSUED:

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****RMA IS VALID FOR 30 DAYS FROM THE DATE OF ISSUE. ANY UNITS RETURNED AFTER THE 30 DAYS WILL BE REFUSED****