



Web site: [www.allway.ca](http://www.allway.ca)

## Allway Technologies Inc.

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# RMA REQUEST FORM

Please fax this form for requesting RMA number.

|                      |             |                      |              |
|----------------------|-------------|----------------------|--------------|
| <b>Company name:</b> |             | <b>Contact name:</b> | <b>RMA #</b> |
| <b>Tel:</b>          | <b>Fax:</b> | <b>Request date:</b> |              |

| <u>Invoice #</u>         | <u>Invoice Date #</u> | <u>Item #</u> | <u>Serial #</u>            | <u>Qty</u> |
|--------------------------|-----------------------|---------------|----------------------------|------------|
| <u>Reason for return</u> |                       |               | <u>For office use only</u> |            |
|                          |                       |               |                            |            |

| <u>Invoice #</u>         | <u>Invoice Date #</u> | <u>Item #</u> | <u>Serial #</u>            | <u>Qty</u> |
|--------------------------|-----------------------|---------------|----------------------------|------------|
| <u>Reason for return</u> |                       |               | <u>For office use only</u> |            |
|                          |                       |               |                            |            |

| <u>Invoice #</u>         | <u>Invoice Date #</u> | <u>Item #</u> | <u>Serial #</u>            | <u>Qty</u> |
|--------------------------|-----------------------|---------------|----------------------------|------------|
| <u>Reason for return</u> |                       |               | <u>For office use only</u> |            |
|                          |                       |               |                            |            |

| <u>Invoice #</u>         | <u>Invoice Date #</u> | <u>Item #</u> | <u>Serial #</u>            | <u>Qty</u> |
|--------------------------|-----------------------|---------------|----------------------------|------------|
| <u>Reason for return</u> |                       |               | <u>For office use only</u> |            |
|                          |                       |               |                            |            |

|   |   |                     |                            |                |  |                 |  |               |  |        |        |        |                            |                  |  |                |  |                    |  |                     |  |
|---|---|---------------------|----------------------------|----------------|--|-----------------|--|---------------|--|--------|--------|--------|----------------------------|------------------|--|----------------|--|--------------------|--|---------------------|--|
| <b>IMPORTANT NOTICE:</b><br><br>1) Appropriate invoice(s) must be attached when requesting RMA number.<br>2) Detailed report must be submitted to obtain replacement or credit.<br>3) A 20% re-stocking fee is charged on all goods returned for credit.<br>4) Item(s) shipped collect, or without an RMA number will be refused.<br>5) Please be advised all returns need at least 48 hours for testing. | <b>FOR OFFICE USE ONLY</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">RMA received by:</td> <td colspan="2">Date received:</td> </tr> <tr> <td colspan="2">RMA checked by:</td> <td colspan="2">Date checked:</td> </tr> <tr> <td style="width: 25%;">Defect</td> <td style="width: 25%;">Return</td> <td style="width: 25%;">Credit</td> <td>Replacement packing slip #</td> </tr> <tr> <td colspan="2">Re-stocking fee:</td> <td colspan="2">Credit note #:</td> </tr> <tr> <td colspan="2">RMA Returned Date:</td> <td colspan="2">Customer Signature:</td> </tr> </table> | RMA received by:    |                            | Date received: |  | RMA checked by: |  | Date checked: |  | Defect | Return | Credit | Replacement packing slip # | Re-stocking fee: |  | Credit note #: |  | RMA Returned Date: |  | Customer Signature: |  |
| RMA received by:  |   | Date received:      |                            |                |  |                 |  |               |  |        |        |        |                            |                  |  |                |  |                    |  |                     |  |
| RMA checked by:   |   | Date checked:       |                            |                |  |                 |  |               |  |        |        |        |                            |                  |  |                |  |                    |  |                     |  |
| Defect  | Return  | Credit              | Replacement packing slip # |                |  |                 |  |               |  |        |        |        |                            |                  |  |                |  |                    |  |                     |  |
| Re-stocking fee:  |   | Credit note #:      |                            |                |  |                 |  |               |  |        |        |        |                            |                  |  |                |  |                    |  |                     |  |
| RMA Returned Date:  |   | Customer Signature: |                            |                |  |                 |  |               |  |        |        |        |                            |                  |  |                |  |                    |  |                     |  |