

Customer Return Materials Authorization

Please see below for instructions.

Customer Details

Company	_____	Contact	_____	ID	_____
Address	_____	Phone	_____	Fax	_____
	_____	Email	_____		
City	_____	State/Prov	_____	PC#	_____

Please enter the RMA number issued

RMA # _____

Product Details

PART NUMBER	QTY	REASON FOR RETURN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please fill out completely, call 1.800.xxx.xxxx for a **RMA number** and mail along with the product to.

HarrComm Technology Inc.
1031 Harcroft Court
Oakville, Ontario
L6H 3K5
Canada

