

# RMA FORM

## RETURN TO MANUFACTURER AUTHORITY

RMA No.: \_\_\_\_\_

Company Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Product Type: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

All accessories returned with verifier(s) MUST be listed. Axicon does not accept responsibility for unreturned items that are not listed.

NB: Unit must be returned in original case. Axicon cannot take responsibility for goods returned in other packaging.

	RETURNED BY CUSTOMER	AXICON TO COMPLETE
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Carry Case	<input type="checkbox"/>	<input type="checkbox"/>
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Data /Power Cables	<input type="checkbox"/>	<input type="checkbox"/>
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Manual	<input type="checkbox"/>	<input type="checkbox"/>
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Calibration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
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CD	<input type="checkbox"/>	<input type="checkbox"/>
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Other – please specify: \_\_\_\_\_  
\_\_\_\_\_

LOAN UNIT REQUIRED: YES  NO

AXICON TO COMPLETE: Loan Unit No.: \_\_\_\_\_

Date sent: \_\_\_\_\_

Date returned: \_\_\_\_\_

## Axicon Auto ID Ltd

VCAS/Repair Bureau  
Unit 1 Staplehurst Farm, Weston on the Green, Bicester  
Oxfordshire OX25 3QU  
email: vcas@axicon.com  
Tel.: +44 (0)1869 352402 Fax: +44 (0)1869 352404

### WORK REQUIRED (SERVICE AND/OR REPAIRS:

Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE TICK PREFERRED METHOD OF PAYMENT

A/C  Cheque  Credit Card

Please make cheque out to Axicon Auto ID Ltd and enclose with goods

Axicon Account No.: (if applicable) \_\_\_\_\_

**PURCHASE ORDER NO.:** \_\_\_\_\_

A purchase order number must be issued for all work undertaken

### FOR AXICON USE ONLY

Date received: \_\_\_\_\_

External inspection findings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date returned: \_\_\_\_\_

Repair cost: \_\_\_\_\_

Delivery cost: \_\_\_\_\_

Confirmed: YES / NO Date: \_\_\_\_\_

RMA Category: A B C D E

Repair Code: 1 2 3 4 5 6

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_