

Tel: +44 207 553 3007  
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## CUSTOMER RETURNS REQUEST

**RMA**

Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

**INSTRUCTIONS TO CUSTOMER:**

Please complete all sections in full, sign at the bottom and return it to Channel-C by fax/e-mail.  
 Any request for a returns authorisation will be considered within 48 hours of receipt of this form.  
 RMA number will then be assigned to you. NO RETURNS WILL BE ACCEPTED WITHOUT A VALID RMA.

**YOUR DETAILS**

<b>COMPANY NAME</b>	<input type="text"/>	<b>TEL NO.</b>	<input type="text"/>
<b>CONTACT NAME</b>	<input type="text"/>	<b>EMAIL</b>	<input type="text"/>

**ORDER DETAILS**

<b>YOUR ORDER NUMBER</b>	<input type="text"/>	<b>DATE RECEIVED</b>	<input type="text"/>
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**ITEMS DETAILS**

PART NUMBER	QTY	CONDITION	CREDIT Y/N	DESCRIPTION
<b>SERIAL NUMBER(S)</b> (mandatory)				
<b>REASON FOR RETURN</b> (please give as much information as possible. "DOA" or "DEAD" will not be accepted.)				

**THIS RMA IS VALID FOR 10 DAYS ONLY FROM THE DATE OF ISSUE, AFTER WHICH THE RETURN WILL NOT BE ACCEPTED.**

Signed	Print Name	Date

Channel C use only			
CCPOP	CCSOP	Supplier	Supplier RMA
CC Cust No.	Date recv'd back	Location	Condition
Supplier Cr/note	CC Cr/note	Cust. Ref	Date Closed