

Scottech use only

Date Received

Initials

JOB #



### Return Merchandise Authorisation (RMA) Form

To ensure efficient processing of your return, please fill out as much as possible and include with the item

Return all goods to:

Scottech  
89 Colombo Street  
Hamilton 3204  
New Zealand

EQUIPMENT DETAILS			
Item			
Serial No.			
Accessories Included <small>(e.g. cables, cases, batteries)</small>			
Fault			
Date of original purchase		Invoice No.	
Repair Purchase Order		Scottech Contact	
<b>YOUR DETAILS</b> (please tick if you prefer contact by phone or email)			
Contact Name			
Contact Email			Preferred <input type="checkbox"/>
Contact Phone			Preferred <input type="checkbox"/>
Company			
Branch			
Return Delivery Address			
Bill To			
<input type="checkbox"/> Quotation required before repair, a minimum workshop charge of \$45 may apply			