498 Markland Street, Unit 2, Markham, Ontario, Canada L6C 1Z6
Tel: (905) 474-3631 Web Site: www.concordidea.com
Fax: (905) 513-6060 E-mail : connie@concordidea.com

RMA No.:_____ Date: _____

RMA Request Form (Please fax to 905-513-2603)

Company Name		Tel No.	
Address		Fax No.	
Contact Person		Issued By	

Item (with serial no.)	Qty	Inv. No.	Inv. Date	Remarks / Symptoms	Replacement	Report No.

CONDITIONS

REQUESTING AN RMA NUMBER: 1) Fax this form with the COPY OF THE INVOICE to us. An RMA No. will be returned to you by fax.

WARRANTY: The warranty period varies and is stated on the invoice. Even after an RMA number has been issued, the warranty will only be honoured when returned items reach our office on or before the expiry of the warranty. This service is limited to repair or replacement. If the returned products are found to be abused, mishandled or altered, the warranty will be void and the shipment will be subject to an out-of-warranty repair charge. D.O.A. items returned within five days (from Invoice Date) will usually be replaced or exchanged within one week after receipt. Any discrepancy, including damage during shipment or a wrong item, should be reported to the RMA department within three days (from receipt).

REPAIR & SERVICE CHARGE: The customer will be charged for testing and repackaging when returned items are found to have no problem or defect.
Please test your items before returning for service, otherwise $5 US will be charged on each item if no problem is found.

PACKING: The RMA number must be clearly marked on the outside of the package. Damage or loss of goods during shipment is the sole responsibility of the customer. Returned products must be secured in a safe container.

PAYMENT: All charges and payment is automatically subject to C.I.A. (cash in advance) or C.O.D. (only by special agreement).

SHIP TO: Concord Idea Corp., RMA Department , 3993 14th Avenue, Markham, Ontario, Canada L3R 4Z6

CUSTOMER AGREES TO THE ABOVE CONDITIONS WHEN REQUESTING AN RMA & CONSIGNING TO CONCORD IDEA CORP.

RMA Received By: _____ **Date:** _____

Customer Pickup By: _____ **Date:** _____