



In USA: 3310 Prospect Ave. Cleveland, OH 44115
In Canada: 105 Sparks Ave., Toronto, ON M2H 2S5

Tel: (416) 663-6963
Fax:(416) 663-9065

RMA NO :

RMA REQUEST FORM

RMA direct fax: (416) 663-6963 E-mail: rma@newcon-optik.com

Company Name : _____ Contact : _____

Customer Number: _____ Tel: _____

E-Mail: _____ Fax: _____

<i>Item No. as per Invoice</i>	-	<i>Serial Number</i>	-	<i>Invoice No. & Date</i>
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1.) _____

Problem: _____

2.) _____

Problem: _____

3.) _____

Problem: _____

4.) _____

Problem: _____ Total: _____ pcs

Returning RMA - RMA Number must be "Printed Clearly "on all mailing labels and shipping boxes, otherwise shipment(s) will be rejected.

- 1. Please fax us this form with the clear copy of the **ORIGINAL INVOICE** and **PACKING SLIP**.
- 2. Please mark down the problem on masking tape and tape it on each product. Don't write anything directly on the product(s).
- 3. Failure in providing proof of purchase or without specifying problem(s) of the returned item(s) will result in the item(s) being returned to sender **FREIGHT COLLECT**.
- *4. **NO ACCESSORIES** (Manual, eyepieces, I/R Illuminators, etc.) except for pre-authorized **CREDIT** or **DOA**. We don't have any responsibility to keep all the accessories.
- *5. There is no Credit for Special Order items returned for RMA.
- 6. I agree that Newcon Optik. is not liable for any data lost due to servicing of computer systems.

Accepted: _____

RMA received by: _____ **Date:** _____

* A \$15.00 fee will be charged to locate a copy of the original invoice per returned product.
* A Service Fee of \$ 30.00/item, plus shipping, will be charged for product found to be non-defective.

Official Use Only
Pick up / Ship Out