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| **RMA FORM**  **RETURN TO MANUFACTURER AUTHORISATION**  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 *AXICON TO***  **CUSTOMER *COMPLETE***  Carry Case  Data/Power Cables  Manual  Calibration Sheet  CD  Other – please specify:    **LOAN UNIT REQUIRED:**  YES  NO  ***AXICON TO COMPLETE: Loan Unit No****.:*  *Date sent:*  *Date returned:* | **Axicon Auto ID Limited**  VCAS/Repair Bureau  Church Road, Weston on the Green, Bicester  Oxfordshire OX25 3QP  email: vcas@axicon.com  Tel.: +44 (0)1869 351155 Fax: +44 (0)1869 351205  **WORK REQUIRED (VCAS OR REPAIR):**  Please specify:      **please tick preferred method of payment**  A/C  Cheque  Credit Card  Cheque payable to Axicon Auto ID Ltd and enclose with goods  Axicon Account No.: (if applicable)  **Purchase Order No**.:  **Please include/attach an official P.O. with RMA form.**  ***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*:            *CRM Updated:* |