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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 BureauChurch Road, Weston on the Green, BicesterOxfordshire OX25 3QPemail: vcas@axicon.comTel.: +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 goodsAxicon 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:*                                                        |