



Carremm Controls LTD
 3995 Sladeview Crescent Unit # 6
 Mississauga, Ontario
 L5L 5Y1

RMA FORM

RMA # _____

Please fill out this form and attach this along with your unit to:

Carremm Controls LTD
 3995 Sladeview Crescent Unit # 6
 Mississauga, Ontario
 L5L 5Y1

Phone: (905) 569 - 0335
 Fax: (905) 569 - 9712
 Email: carremm@carremmcontrols.com
 Web: www.carremmcontrols.com

Instructions:

Please include a copy of this RMA with the product when being returned. Please ensure that the material is returned within 30 days of receipt of this RMA authorization. If unable to return the product within this 30 day time-frame, please contact Carremm Controls for an extension. Only one extension will be granted, before the RMA is cancelled. If the material being sent back deviates from the material noted below, please contact Carremm Controls before sending the material back so that the appropriate updates can be made to ensure timely receipt.

Please package your product securely and **SHIP PREPAID**. All collect shipments will be refused.

Company Name:		Contact:	
Address:		City:	
Province:		Postal Code:	
Phone Number:		Fax Number:	
Email:			

	ITEM # 1		ITEM # 2		ITEM # 3	
Manufacturer:						
Part #:						
Serial #:						
Warranty Request:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Under Warranty Provide Invoice #:						
Reason For Return						

Proof of purchase must be supplied with the unit for a Warranty Request. (Copy of Invoice)

Please Note: There will be a \$30.00 Minimum Processing Fee Assessed for Factory Analysis Reports if the Product is found not under Warranty or Not Defective due to Material or Workmanship.

An Estimation of Repairs will be given for units not under Warranty that require repairs.

Customer's

Purchase Order #:		Date:		Signature:	
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