C. A. Munro Limited

RMA Request Form

AUTHORIZED RMA #

DEALER NAME	DATE
DEALER ADDRESS	PHONE
	FAX
MODEL NO. WITH DESCRIPTION	QUANTITY
PURCHASE DATE FROM C.A. MUNF	RO LTD. WAS PRODUCT <i>EVER</i> IN A CUSTOMER HOME?
C.A. MUNRO LIMITED INVOICE #	IF YES, A COPY CUSTOMER
REPLACEMENT REQUIRED	BILL OF SALE MUST BE
DESCRIPTION OF MANUFACTURERS	PROVIDED S WARRANTY DEFECT
(As much detail as possible)	S WARRANTI DEI ECT
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