

C. A. Munro Limited  
RMA Request Form

AUTHORIZED RMA #

OFFICE USE ONLY

\*\*\*\*\*This form must be filled out completely and accurately before an RMA will be considered\*\*\*\*\*

DEALER NAME

DEALER ADDRESS

MODEL NO. WITH DESCRIPTION

DATE

PHONE

FAX

QUANTITY

PURCHASE DATE FROM C.A. MUNRO LTD.

WAS PRODUCT *EVER* IN A CUSTOMER HOME?

C.A. MUNRO LIMITED INVOICE #

REPLACEMENT REQUIRED

IF YES, A COPY CUSTOMER BILL OF SALE MUST BE PROVIDED

DESCRIPTION OF MANUFACTURERS WARRANTY DEFECT

*(As much detail as possible)*

DEALER MUST PROVIDE SIGNATURE AND DATE INDICATING THAT THE DEALER HAS READ AND UNDERSTANDS THE FOLLOWING RETURN GUIDELINES PRIOR TO AUTHORIZATION # BEING ISSUED

RETURN GUIDELINES

1. A copy of this RMA must accompany returned product.

2. We reserve the right to return product to the dealer at the dealers expense if it is determined the problem with the product is not warranty related.

3. PRODUCT MUST BE PACKAGED PROPERLY WITH ORIGINAL PACKAGING OR CREDIT WILL NOT BE ISSUED!

4. We reserve the right to fix product if reparable.

5. This RMA expires 30 days from authorization date.

6. We reserve the right to send replacement parts if available.

7. Pictures are required. Both pictures of the defect and of the whole item!

RETURN ADDRESS

RETURN PRODUCT TO ADDRESS BELOW  
50 INDUSTRIAL DRIVE  
SAINT JOHN NB  
E2R 1A4



SIGNATURE:

PRINT:

DATE:

OFFICE USE ONLY

RETURN AUTHORIZED Y

N

DATE

AUTHORIZED BY:

RETURN FOR INSPECTION

Y

N

RETURN FOR REPAIR

Y

N

RETURN VIA

IF A DIFFERENT CARRIER OTHER THAN NAMED ABOVE IS USED, THE DEALER WILL BE CHARGED BACK THE DIFFERENCE IN FREIGHT