

Return Material Authorization Form

RMA No.

ORGANIZATION IDENTIFICATION

Organization name	
<input style="width: 100%; height: 15px;" type="text"/>	
Last name	First name
<input style="width: 45%; height: 15px;" type="text"/>	<input style="width: 45%; height: 15px;" type="text"/>
Address	
<input style="width: 100%; height: 15px;" type="text"/>	
City	Province / State
<input style="width: 45%; height: 15px;" type="text"/>	<input style="width: 45%; height: 15px;" type="text"/>
Postal Code / Zip code	Country
<input style="width: 45%; height: 15px;" type="text"/>	<input style="width: 45%; height: 15px;" type="text"/>
Telephone	Fax
<input style="width: 45%; height: 15px;" type="text"/>	<input style="width: 45%; height: 15px;" type="text"/>
Email Address	Returning date (day/month/year)
<input style="width: 45%; height: 15px;" type="text"/>	<input style="width: 45%; height: 15px;" type="text"/>

The liability of the shipment starts from our warehouse based in the city of Quebec, Province of Quebec, Canada. Any potential damage resulting of shipping or transportation, must be declared clearly and immediately, on the receipt of the tracking document of the transporter. You have 5 working days to send your request / claim on special delivery letter signed by the receiver, with all your documents to proof the damage, in order to get a possible reimbursement. For any questions, please contact the customer service via the email at: **info@technimount.com** or by calling +1.581.998.9820. Thank you.

IMPORTANT

PRODUCT IDENTIFICATION

Please describe below, the reason(s) of the return, with the appropriate code.

Item No.	Quantity	Product description	Purchase date	Serial No.	Invoice No.	Code Return	Action requested

IMPORTANT

REASON OF THE RETURN

Returning Code	Action Requested	IMPORTANT	
10 Default in labor / material	A Replacement under warranty	The serial number related to each product is mandatory for any claim, replacement, exchange or repair.	The tracking number of your shipment should be sent to Technimount System, in order to confirm receipt of your shipment at our warehouse.
11 Broken material in shipping	B Refund value of the product		
12 Delivery time too long	C Offer a credit for a future purchase		
13 Wrong order / wrong receiver	D Repair item and return item to client		
14 Replaced by another Technimount product	E Exchange for new item - Payment by client		
15 Replaced by a competitive product	COMMENTS - NOTES		
16 Item doesn't meet the specs			
17 Other reason(s)			
<i>Approbation Code (Technimount)</i>			

ADDITIONAL INFORMATION

				<i>Please answer to question 3, 6 & 8.</i>	
1	Date reported broken	2	Who installed the product	3	Patient or Paramedic involved
4	Pictures attached	5	Urgent replacement (Yes/no)	6	State of the patient or Medic
7	Who reported the incident	8	Details / Description of the incident		
IMPORTANT					
Technimount maintains the right to refuse a claim, the request is not completed appropriate or the RMA is missing.					

SIGNATURE

Name of Person submitting claim:

Signature:

Declaration date:

Directives

1. Please provide written notice via email or mail of pending claim submission to Technimount
2. Fill this form as accurately as possible
3. Attach invoice, pictures or other supporting documents
4. Ship package with completed RMA
5. Inform Technimount of the tracking number to ensure receipt of shipped items.