



Return Material Authorization Form

RMA No.

ORGANIZATION IDENTIFICATION **IMPORTANT**

| | | |
|------------------------|---------------------------------|---|
| Organization name | | <p>The liability of the shipment starts from our warehouse based in the city of Quebec, Province of Quebec, Canada. Any potential damage resulting for shipment transportation must be declared clearly and immediately, on the receipt of transporter tracking document. You have 5 working days to send your request/claim on the special delivery letter signed by the receiver, with all your documents to proof the damage, in order to get a possible reimbursement. For any question, please contact the customer service at the email address customerservice@technimount.com or over the phone: 1-581-988-9820.</p> |
| <input type="text"/> | | |
| Last name | First name | |
| <input type="text"/> | <input type="text"/> | |
| Address | | |
| <input type="text"/> | | |
| City | Province / State | |
| <input type="text"/> | <input type="text"/> | |
| Postal Code / Zip code | Country | |
| <input type="text"/> | <input type="text"/> | |
| Telephone | Fax | |
| <input type="text"/> | <input type="text"/> | |
| Email Address | Returning date (day/month/year) | |
| <input type="text"/> | <input type="text"/> | |

PRODUCT IDENTIFICATION **IMPORTANT**

Please indicate into the column, the reason of return with the appropriate code.

| Item no | Quantity | Product description | Purchase date | Serial no. | Invoice no. | Code Return | Action requested |
|---------|----------|---------------------|---------------|------------|-------------|-------------|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REASON OF THE RETURN **IMPORTANT**

| Returning Code | Action Requested | IMPORTANT | |
|--|---|---|--|
| 10 Default in labor / material | A Replacement under warranty | <p>The serial number related to each product is mandatory for any claim, replacement, exchange or repair.</p> | <p>The tracking number of your shipment should be send to us, in order to confirm your reception and accept your package to our mill or warehouse.</p> |
| 11 Broken material in shipping | B Refund me the value of the product | | |
| 12 Delivery time too long | C Offering me a credit for future purchase | | |
| 13 Wrong order / wrong receiver | D Repair the item and send it back to me | | |
| 14 Replaced by another Technimount product | E Exchange it for a new one; I'll pay for it | | |
| 15 Replaced by a competitive product | COMMENTS - NOTES | | |
| 16 Item doesn't meet the specs | <div style="border: 1px solid black; height: 100px;"></div> | | |
| 17 Other reasons | | | |
| Code d'approbation (Technimount) | | | |

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 | Reserved to Technimount System | |
| 4 Pictures attached (Yes/No) | 5 Urgent replacement (Yes/No) | 6 State of the patient or Medic | | |
| 7 Who reported the incident | 8 Details / Description of the situation | | | |
| <p>IMPORTANT</p> <p><i>Technimount keeps the right to refuse a claim or request if not complete or document is missing.</i></p> | | | | |

SIGNATURE

| | |
|--|--|
| <p>Responsible's name: <input type="text"/></p> <p>Signature: <input type="text"/></p> <p>Declaration date: <input type="text"/></p> | <p style="text-align: center;">Directives</p> <ol style="list-style-type: none"> 1. Advise Technimount of the claim by email at customerservice@technimount.com 2. Fill this form as precise as possible 3. Ship the package with invoice, pictures and other documents 4. Inform Technimount of the tracking number for the reception |
|--|--|