



RMA REQUEST FORM

3105 Unity Drive, Unit 9, Mississauga, Ontario L5L 4L2

ALL ENTRIES MUST BE COMPLETED

Company Name _____ Date (mm/dd/yyyy) _____

Contact Name _____ Phone _____ Fax _____

Bill to Address:

Street _____ Unit _____ City _____

State/Province _____ Country _____ Zip/Postal Code _____

Ship to Address (if different than billing address):

Street _____ Unit _____ City _____

State/Province _____ Country _____ Zip/Postal Code _____

Original PO# or INV#: _____

QTY	CANSEC PART#	SERIAL#	DESCRIPTION OF FAILURE

Reason for return: _____

NOTES:

Units returned with "NO FAULT FOUND" will be subject to a minimum \$75 labour charge regardless of whether or not the unit(s) is covered by warranty. For out-of-warranty products without a "Description of failure", assessments will be performed at a cost of \$75 to the customer. RMA is valid for 45 days from the date of issue. Any product(s) returned to Cansec after 45 days will be returned to customer at their cost.

PLEASE E-MAIL THE RMA REQUEST FORM TO: rma@cansec.com OR FAX TO: 905-820-0301