

Return Materials Authorization

RMA #: _____

Date: _____

In order to expedite the processing of your RMA number, please fill out this form completely and email to accounting@fotonzi.com. Once your RMA request is processed, we will return your form with a Return Materials Authorization number via e-mail.

****Shipping @ Customers Expense****

A Copy of This Form Must Accompany Shipment

Fotonz Return Material Receiving Address: 7240 Woodbine Ave, Suite 218, Markham, ON L3R 1A4

Customer Information

Company Name: _____ Telephone: _____
 Shipping Address: _____ Fax: _____
 _____ E-mail: _____
 Contact Person: _____

Product and Return Information

	Quantity	Part Number	Product Description	Invoice Number	Invoice Date	Return Reason
Total						

Notes:

Reason for Return:

1. Defective Product. *Please Explain:* Defective LED Canopy
2. 10 Business Days Return Period (10% Restocking Fee Applies after 10 Business Days)
3. Received Wrong Product *Please Explain*
4. Received Damaged Shipment *Please file a claim with carrier*

Please Select One:

Credit	
Replace with Item of Same Type Ordered	
Trade in (Exchange with Different Item)	

Returned By	Date Goods Received	Quantity Verified By	Approved By