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| **RMA Request Form** | Mainframe Communications LimitedNetwork House, Journeymans WayTemple Farm Industrial EstateSouthend-on-Sea, EssexSS2 5TF.Tel: 01702 443810 Fax: 01702 443801 **Email:** sales@mcldatasolutions.co.uk | L:\Logos\MCL_Data_Logo2.jpg |
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| **IMPORTANT RMA PROCEDURES & INFORMATION** |
| 1. Please complete the RMA form with **detailed descriptions of the problem** for your product.
2. FAX or EMAIL the completed RMA form **with a copy of the original purchase invoice** to 01702 443801 or sales@mcldatasolutions.co.uk
3. All RETURNING **product serial numbers** must match with the original invoice.
4. The RMA must be returned within 14 days from the date of issue of the RMA number, otherwise the RMA number will be void and the product will not be accepted.
5. Goods will not be accepted from the carrier unless clearly marked with a RMA number.
6. Good must be shipped to MCL Data Solutions at the address given above.
7. Any shipping costs incurred in returning products to MCL Data Solutions are the customer’s responsibility.
8. Warranty will be void unless returned in suitable packaging.
9. The RMA will not be processed without a Fault Analysis (“Faulty” will not be accepted).
10. The RMA number is only issued for the goods stated below.
11. Returned goods will only be credited if they cannot be repaired or replaced by a similar product.
12. All products will be inspected for shortages; these will be noted and deducted in the case of a credit.
13. All products will be inspected for damage, in the case of a credit no credit will be given for damaged goods.
14. “No Fault Found” goods will be returned.
15. Suspected faulty items that are returned for a credit and are found to be “No Fault Found” will be subject to our terms & conditions.
16. The product warranty is valid for one year from the date of invoice unless otherwise stated.
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| **Complete this form and FAX or EMAIL it to the RAM Dept. WITH a copy of your purchase INVOICE** |

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| **Company** | Company |
| **Address**  | First line of address |
| **City** | Town/ city |
| **County** |  County  | **Postcode** | Postcode |
| **Phone** | Tel /mob  | **Fax** | Fax inc STD |
| **Contact Person** | Primer contact |
| **Email Address** | Email |
| **Date** | Date |

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| **For RMA Use Only** |
| RMA # |  |
| Issue Date |  |
| Issued By |  |
| **FOR MCL RMA USE ONLY** |
| Received date |  |
| Received by |  |
| Checked date |  |
| Checked by |  |
| Action to be taken |  |
| Completed date |  |
| Completed by |  |

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| **QTY** | **ITEM / MODEL** | **FULL SERIAL NUMBER** | **INVOICE No. & DATE** | **DETAILED PROBLEM** |
| Qty | Item. | Serial | Invoice / date | Click here to enter text. |
| Qty | Item. | Serial | Invoice / date | Click here to enter text. |
| Qty | Item. | Serial | Invoice / date | Click here to enter text. |

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| Comments:Click here to enter text. |

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