



Repair Authorization Form

RAN #: _____

Please complete and return this form and return via fax to 905-575-0386.
 DO NOT ship until you have received an "RAN" (Return Authorization Number).
 Also include a copy with the item(s) to be returned.

Customer Information

Bill to:

Company Name: Contact :
 Address: Tel:
 City: Fax:
 Province / State: E-mail:
 Postal Code:

Ship to: Same as above

Company Name: Contact :
 Address: Tel:
 City: Fax:
 Province / State: E-mail:
 Postal Code:

Return Carrier:
 Account Number:
 Insurance: Yes No

P.O. # Required:
 Payment Method: NET 30 COD VISA MasterCard
 Credit Card #: Exp. Date:
 Name on Card:

Item	Manufacturer	Model #:	Description	Serial #:	Warranty Repair
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe problem or reason for return:

Customer signature: techniCAL Use only:
 Date: SO#:
 Authorized by:

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