

Returns Material Authorisation Form (RMA)

Please enter the fields below and email the request form to rma@stordis.com.
Must fields are marked with an *.

COMPANY DETAILS

Company Name*	<input type="text"/>	Customer No.	<input type="text"/>
Invoice Address*	<input type="text"/>		
Contact Name*	<input type="text"/>	E-Mail Address*	<input type="text"/>
Telephone No.*	<input type="text"/>		
Delivery Address (if different from above)	<input type="text"/>		

PRODUCT INFORMATION

Line Item	Part Number*	Serial Number*	Invoice Number*
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

REASON OF RETURN

Please select:

Defective product - Please give a detailed description:

Shipping error - You have received something different to what you ordered.

Ordered incorrectly - You have ordered the wrong or too much of a product.

Damaged product - The product was damaged in transit. Please give a detailed description:

Any other reason - Please describe:

SIGNATURE

Signature	<input type="text"/>	Date	<input type="text"/>
Name in capitals	<input type="text"/>	Position	<input type="text"/>