



RETURN MATERIAL AUTHORIZATION (RMA)

No ISSUE BY:	
ISSUE DATE:	
RMA No:	

DATE: IF REQUESTED BY AGENT / REP. No:

COMPANY: ACCOUNT No:

POSITION: OR

NAME:

ADDRESS:

SUBURB: EMAIL:

POSTCODE: STATE: TEL:

COUNTRY: MOB:

INVOICE. #	REASON FOR RETURNING ITEM(S)	ITEM REF. #	QTY	DATE (PURCHASED)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

OFFICE NUMBER:

COUNTRY:

FINDINGS:

<input type="checkbox"/> WARRANTY CLAIM	<input type="checkbox"/> NOT AS ORDERED	<input type="checkbox"/> CLIENT CANCELLATION	<input type="checkbox"/> OUT OF WARRANTY
<input type="checkbox"/> DAMAGED IN TRANSIT	<input type="checkbox"/> NOT SUITABLE	<input type="checkbox"/> OVERSUPPLY	<input type="checkbox"/> NOTHING WRONG
<input type="checkbox"/> FAULTY MANUFACTURE	<input type="checkbox"/> PART REPLACEMENT	<input type="checkbox"/> DUPLICATE ORDER	<input type="checkbox"/> OTHER

RECEIPT DATE: DUE BY DATE:

INSPECTED BY:

ACTION TO TAKE: (Tick multiple options)

<input type="checkbox"/> REPAIR / SERVICE	<input type="radio"/> FREE REPAIR	<input type="checkbox"/> TO PICK UP	<input type="checkbox"/> RESTOCKING FEES
<input type="checkbox"/> REPLACEMENT	<input type="radio"/> REPAIR FEES	<input type="checkbox"/> FREE POST BACK	<input type="checkbox"/> QUOTE: LABOR
<input type="checkbox"/> CREDIT NOTE	<input type="radio"/> FREE SERVICE	<input type="checkbox"/> POST FEES	<input type="checkbox"/> NO ACTION
<input type="checkbox"/> REFUND	<input type="radio"/> SERVICE FEES	<input type="checkbox"/> COLLECT FROM	<input type="checkbox"/> PHONE ASSISTANCE

STOP NATURAL IRREGULARITIES IN THE GRAIN OF THE TIMBER OR MINOR ASSYMETRIES DUE TO ASSEMBLY ARE NORMAL.

STOP A SERVICE FEE WILL BE CHARGED FOR ANY SERVICES NOT COVER BY WARRANTY.

STOP C.O.D. DELIVERY WILL NOT BE ACCEPTED; AND PAYABLE FREIGHT FEES ARE NOT TO EXCEED ORIGINAL FEES PAID.

STOP INWARD FREIGHT COSTS ARE ALWAYS YOUR RESPONSIBILITY.

STOP WE ARE NOT LIABLE FOR GOODS DAMAGED DURING INWARD TRANSIT.

YOUR CHECK LIST: (Tick)

- ITEM(S) WERE PURCHASED FROM AN AUTHORIZED AGENT.
- I HAD RECEIVED USER INSTRUCTIONS UPON PURCHASE.
- I HAVE RECEIVED AN RMA NUMBER FROM SAKKHO.
- I HAVE INCLUDED A COPY OF THE ORIGINAL INVOICE.
- I PACKED MY ITEM(S) WELL BEFORE RETURNING THEM.
- I AFFIXED MY RMA NUMBER ON THE RETURN PACKAGING.
- I DID NOT TEMPERED WITH OR MODIFY THE ITEM(S).
- I KEPT A COPY OF THIS COMPLETED RMA FORM FOR ME.
- RMA FORM PROCESSING IS 2 WORK-DAYS AFTER RECEIPT.

► **SIGN HERE:**

1. FILL ONLINE | 2. PRINT | 3. SIGN | 4. FAX OR SCAN AN EMAIL TO SAKKHO
SUBJECT TO SAKKHO TERMS AND CONDITIONS OF SALE.

END DATE: CREDIT NOTE OR REFUND #:

CLIENT TO PAY(\$): VERIFIED & AUTHORIZED BY:

(WRITE "NIL" IF ZERO)

PICKED UP POSTED BACK

► **SIGN HERE:**