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| **AXICON AUTO ID LTD - RMA FORM**  RMA No.    **RMA number must be obtained prior to shipping**  Company Name  Address:        Post Code:  Tel. No.:  Contact Name:  Email:  Product Type:  Serial No.:  Purchase Date:  **PLEASE SPECIFY WORK REQUIRED:**        All accessories returned with verifier(s) MUST be listed. Axicon does not accept responsibility for unreturned  items that are not listed.  **RETURNED BY *AXICON TO***  **CUSTOMER *COMPLETE***  Carry Case  Black Wallet  Other – please specify:    **LOAN UNIT REQUIRED:**  YES  NO  ***AXICON TO COMPLETE:***  *Loan Unit(s) No.*  *Date sent:*  *Tracking details:* | **SHIPPING ADDRESS**  **Axicon Auto ID Limited**  **VCAS/Repair Bureau**  Church Road, Weston on the Green, Bicester  Oxfordshire OX25 3QP  email: vcas@axicon.com  Tel.: +44 (0)1869 351155  **please tick preferred method of payment**  A/C  Bank Transfer  Credit Card  Axicon Account No.: (if applicable)  **Purchase Order No**.:  **Please include/attach an official P.O. with RMA form.**  **FOR AXICON USE ONLY**  *Date received:*  *External inspection findings:*      *Date returned:*  *Tracking details::*  *Repair cost:*    *Delivery cost:*  *Confirmed: YES / NO Date:*  *RMA Category: A B C D E*  *Repair Code: 1 2 3 4 5 6*  *Comments*:              *CRM Updated:* |