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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, BicesterOxfordshire OX25 3QPemail: vcas@axicon.comTel.: +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:*                                                        |