Global Motion technology Inc.

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RMA Request Form

Original Invoice #:	Company Name:	
Shipping Address:	City:	Province/State:
Postal/Zip Code:	Country:	
Contact Person:	Attention to:	
Phone:	Email:	

Original Purchase Payment Method: ☐ Visa ☐ Master Card ☐ PayPal ☐ Wire e-transfer ☐ Check ☐ Money order

All refund will be refunded to the same way it was paid excluding shipping, Unless the product was defected.

Note: We will refund the value after completion of checking returned product this usually might take 2-4 business days
Restocking fee 8% applied for non-used returned product in original box, up to 25% restocking fee might be applied if the product has signs of use but in salable conditions.

Shipping back paid by customer, please ship only via: ☐ UPS ☐ FEDEX ☐ Purolator

Ship your returned item to:
3-35 Stone Church Rd. Suite 322, Ancaster, ON, L9K 1S4

Returned Part # As in original invoice	Qty	Reason for Return

Shipper Name: **Date:** **Signature:**

Fill this form, print and Email it to info@motiontek.ca keep a copy inside the shipment