

GLOBAL MOTION TECHNOLOGY Inc.Tel 1 416 731 8187 Fax 1 416 840 8939 Email info@motiontek.ca**RMA Request Form**

Company:		Original Invoice #:	
Shipping Address:			
City:	Province/State:	Postal/Zip Code:	Country:
Contact Person:		Attention was to:	
Phone:	Fax:	Email:	
Billing address same as shipping address <input type="checkbox"/>			
Original Purchase Payment Method:			
Visa <input type="checkbox"/> Master Card <input type="checkbox"/> PayPal <input type="checkbox"/> Wire transfer <input type="checkbox"/> Check <input type="checkbox"/> Money order <input type="checkbox"/>			
Note: Upon completion of troubleshooting, in case we determined that the repair charges will be customer responsibility. We will charge you only after authorization credit card information should be provided to us see credit card form.			
Part#	Qty	Reason for return	

Shipping back will be upon customer selectionUPS FEDEX DHL **Method of shipping:** _____**Please provide Account information****Account holder name:** _____**Account no.:** _____ **Postal or Zip code associated with account no. :** _____Print this form fill it EMail it to info@motiontek.ca or fax it to +1 4168408939