

GLOBAL MOTION TECHNOLOGY Inc.Tel (416) 731-8187 Fax (647) 317-1183 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	

Have you received a replacement , Receiving Date: ____/____/____New item in good condition Yes No

Shipping back will be upon customer selection

UPS FEDEX DHL USPS Canada Post Other Method of shipping: _____ Value of shipping _____

Customer Name: _____ Date: ____/____/____ Signature: _____