

Claim/Complaint/Request Form – CCRF



RMA (Return Material Authorization) Request Form

E-mail: support@vnsec.us

Please fill in a separate form for each RMA case

RMA Number	
Date Issued	

Company name:

Contact person:

Address:

* Please specify the address that you want your repaired or replacement product(s) shipped to.

Return address:

Phone number:

E-mail address:

Date:

<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown	
Part code	Serial Number(s)	Date of Purchase	PO Number
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Reason for Return or Description of Problem:			
<input style="width: 100%; height: 100%;" type="text"/>			

* Products beyond warranty will be quoted after conducting testing and confirmation of the fault. Once reviewed we will issue a Return RMA.

*For a prompt and efficient handling of the case we ask you to fill in all fields.

*All carriage costs are to be borne by the customer, unless it is in warranty in which case VNS will pay for return carriage.

For Office Use Only
RMA Number: <input style="width: 90%; height: 15px;" type="text"/>
Date RMA Issued: <input style="width: 90%; height: 15px;" type="text"/>
Processed By: <input style="width: 90%; height: 15px;" type="text"/>
Item Returned: Yes / No
Date Received: <input style="width: 90%; height: 15px;" type="text"/>