## SSED Ltd T/A Hunters Wholesalers - RMA REQUEST FORM

Purchase Name

								_
Address					Contact Name			_
					Phone Number			
					Fax Number			
					E-Mail Address			
			_	T _	T 70			1
Product	Serial #		Invoice No.	Purchase Date	Reason for return request (please provide full details in the case of a fault).		RMA No.	
						,	-	
								1

Please complete the form below and fax back to 01628 667710 or e-mail to sales@hunters-wholesalers.co.uk

Please keep a copy of this form for your records and include a copy in the box when you return the goods.

ALL items must be returned within their original packaging.

"When we have received your completed form, and have verified that you have a prima facie right to return the products, then we will issue a returns merchant authorisation (RMA) number. When you receive the RMA number, please write it prominently on the package, and send the package to the below address, together with proof of purchase where appropriate. We will deal with returned products in accordance with the provisions of our terms of sale and returns policy (available upon our website, or upon request)."