



HALO METRICS

RMA (Return Merchandise Authorization) Request Form

RMA#:

| | | |
|---------------|------|---------------|
| Company: | | Store Number: |
| Requested By: | | Date: |
| Phone: | Ext: | Fax: |

Note: NOT fully completing this form properly may cause delay. Please read the procedures carefully:

1. Fax completed RMA request with a copy of the invoice to 604-273-4459
2. Assigned RMA number is valid for 30 days only
3. A copy of the RMA request form and a copy of the invoice must accompany shipment of returned product[s]
4. Product[s] returned for credit MUST be complete and in original condition and packaging
5. RMA replacement is offered only on the condition that there is NO outstanding account balance over 30 days
6. We reserve the right to reject returned merchandise for credit or repair that is received without an RMA number, in poor condition or in improper packaging
7. Any returned merchandise without RMA number will not be accepted and will be returned to you non-repaired, at your expense

| No. | Item/ Product Number | Quantity | Reason for return / Description of problem |
|-----|----------------------|----------|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

For more space please attach a separate page



For office use only:

| | |
|---------------|----------------|
| Received by: | Date Received: |
| Returned via: | Waybill No. |

Email: info@halometrics.com
Visit us at: www.halometrics.com