



RMA Form

* denotes a required field

Type of RMA

* Please check off the type that applies:

Return for Repair (Service RMA)

Return for Refund (Credit RMA)

Contact Information

* Company Name:

* Contact Name:

Address: City: Zip/Postal:

Country: State/Province:

* Phone: Fax:

* E-mail:

Defective Unit Information

* Unit Model Number:

* Unit Serial Number:

* Description of Failure / Notes:

After completing all of the required information, please fax the RMA Form to: 416-946-1122. Your RMA # will be sent to your e-mail account within 24 hours. Please ship the defective product within 10 days of receiving your RMA #.