



RMA REQUEST FORM

7755 Warden Ave, Unit #1, Markham ON. L3R 0N3
 Tel: 905-946-8998 Fax: 905-946-8992
 E-mail: support@smartvisiondirect.com
 Website: www.smartvisiondirect.com

RMA #	
CONTACT	
TELEPHONE	
FAX	
COMPANY	
DATE	

Part Number	Problem Description	QTY	Serial Number	Invoice Number	Invoice Date

Important: (Please read carefully)

- 1 All above information must be provided in order to process your RMA. Failure to provide above information will prolong RMA process.
- 2 Customer must provide the copy of original invoice(s) for us to process the RMA request.
- 3 Warranty void (Item(s) will be shipped back by collect) if RMA item(s) in following status: Physical damage; Opened software; Invalid/Incomplete/Modified serial number; Incomplete package; Insufficient sales information etc.
- 4 RMA number only valid 7 days, and all products are subjected to final acceptance by Smart Vision Direct Inc.

Internal use only: Received by: _____ Date: _____