

**RETURN TO MANUFACTURER
AUTHORITY**
RMA NO.....

Axicon Auto ID Ltd Verification Bureau,
Church Road, Weston-on-the-Green, Bicester Oxon
OX25 3QP Tel +44 (0) 1869 351155
Fax +44 (0) 1869 351616

Company Name & Address:

DETAILS OF OTHER DAMAGE AND OR FAULTS:
Please be specific.

Tel No:
Fax No:
Contact Name:
E-mail

PLEASE TICK YOUR PREFERRED METHOD
OF PAYMENT:

Axicon Account No. (if applicable)

.....
Cheque (to be enclosed with goods)
Made out to Axicon Auto ID Ltd

Credit Card
Please provide contact for provision of credit
card details when requested:

Product type:
Serial no / no's:
Purchase date:

A purchase order number MUST be issued for all work undertaken

P.O. No.

All accessories returned with verifier(s) MUST
be listed. Axicon does not accept responsibility
for unreturned items that are not listed.

N.B: Unit must be returned in original case.
We cannot take responsibility for goods
returned in other packaging.

Please tick as appropriate:

IN		OUT
<input type="checkbox"/>	Carry case	<input type="checkbox"/>
<input type="checkbox"/>	Data / Power cables	<input type="checkbox"/>
<input type="checkbox"/>	Manual	<input type="checkbox"/>
<input type="checkbox"/>	Calibration Sheet	<input type="checkbox"/>
<input type="checkbox"/>	CD Rom	<input type="checkbox"/>

Other (please specify).....

FOR AXICON USE ONLY:

Date received:

External inspection findings:

Date returned:

Repair cost:

Delivery cost:

Comments:

Signed:

Date: