

RETURN MATERIAL AUTHORISATION REQUEST (RMA)

Company name: _____

Customer Claim Ref No: _____

Contact: _____

Jonsa Invoice No: _____ Invoice Date: _____

Address: _____

Phone: _____ Fax: _____

Jonsa Item Code	Item Description

Reason for RMA request (Faulty, Sale and Return): _____

Qty: _____

Invoice Price (per item): _____ Total Cost (ex. GST): _____

Are the goods being returned inside the sale and return policy period? Yes No

If No, what is the reason?

Are the goods at time of this request in a saleable condition in accordance with Jonsa sale and return policy?

Yes No. If No, what is the reason?

If the goods are claimed as being faulty have you verified and checked that all contents are with the goods for

return? Yes No. If No, what is the reason?

Completed forms should be faxed to:

NSW Office: 02 9648 1135; WA Office: 08 9248 3013 or scanned and emailed to:

NSW Office: sales@jonsa.com.au; WA Office: saleswa@jonsa.com.au

A Customer Service Representative will contact you upon completion and submission of your request to provide a RMA number, once your claim request has been approved. Details of how to return the goods will be clearly marked on the RMA. Please **do not** send any goods with this RMA request. Failure to complete the form, sign and submit may result in your request to return goods being rejected.

Submitted by: _____

Signature: _____

Date: _____