

ASCENDENT OFFICE USE ONLY

Warranty Valid? Yes No

Technician: _____

RMA Granted? Yes No

RMA Number: _____

R101- RMA REQUEST



Date: _____

Company Name: _____

Contact: _____

Address: _____

Address: _____

City & ZIP/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

Email: _____

Invoice #: _____

Model #: _____

Serial #: _____

METHOD OF PAYMENT (for units with an expired or voided warranty)

1) Credit Card: VISA MasterCard AmEx

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____ (mm/yy)

2) Cheque: Prepaid Cheque
**Purchase Order: PO w/valid Account No.

**User must have a current account in good standing with Ascendent to submit a purchase order for repair.

**Purchase Order Number: _____

Please fax a hard copy of your PO to 250.426.8170

**Account (Only for PO's): _____

Did you contact Ascendent Technical Support to help you resolve your issues?

- YES
- NO

Has unit cover been removed?

- YES
- YES

- NO
- NO

If yes, was this action authorized?

Describe The Problem You Are Having with this product: (please be detailed, 'defective', 'broken', 'not working', etc. are not valid descriptions)

Method Of RMA:

- Cross-ship
- Return for Repair

Advance Ship

Reason for Requesting RMA Number:

- Defective Product
- Wrong Product
- DOA
- Return For Credit

Ship Replacement To: (if applicable)

Attention: _____

Company Name: _____

Address: _____

City: _____

Phone: _____

Fax: _____

Replacement Unit Info: (ASCENDENT OFFICE USE)

Invoice #: _____

Model #: _____

Serial #: _____

REMARKS: