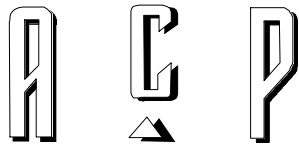


# R.M.A. Request Form



RMA No:

Date:

Company Name:

Contact Name:

Tel :

Fax :

Request Date:

| Invoice No. | Item No. | Serial No. | Qty. | Reason for return |
|-------------|----------|------------|------|-------------------|
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### For Office Use.

Goods Rec'd By: \_\_\_\_\_

Remarks: \_\_\_\_\_

Approved By: \_\_\_\_\_

Transaction Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**ACP Marketing Inc.**  
**#120-13751 Mayfield Place,**  
**Richmond, BC. Canada V6V 2G9**  
**Tel:(604)278-2811 Fax:(604)278-1211**

### Notice:

- 1) Must attach appropriate invoice copy along with this form.
- 2) Detail report must be submitted to obtain replacement or credit.
- 3) A 20% restocking fee is charged on all goods returned for credit.
- 4) Items shipped collect, or without an RMA number will be refused.
- 5) We request at least 48 hours to test returns.