Microcel
THE ACCESSORY PROFESSIONALS

RA#

1210 Kerrisdale Blvd., Unit 1
Newmarket, Ontario
L3Y 8Z9

www.microcelaccessories.com
Telephone:(905)853-2568
Toll Free:(800)565-9192
Fax:(905)853-4363
Toll Free Fax:(800)753-6646

ACCESSORY
RETURN AUTHORIZATION REQUEST

RA# IS VALID FOR 30 DAYS ONLY

DEALER CODE:_____ DATE:_____TELEPHONE:_____

DEALER NAME:_____ FAX:_____

ADDRESS:_____

CITY:_____ PROVINCE:_____ POSTAL CODE:_____

REQUESTED BY:_____EMAIL _____

CUSTOMER INSTRUCTIONS: Fax RA request and include PO#, CMO# or Microcel pick slip

Upon receipt of an RA# , please return the product to Microcel **prepaid by the SENDER** at the above address. Please enclose a copy of this form with your returned product. Microcel will process approved returns and issue credits**.**

CREDITS ONLY WILL BE ISSUED-REPLACEMENT PRODUCT WILL REQUIRE A NEW P.O.!!!

CLEARLY MARK YOUR R.A. NUMBER ON THE OUTSIDE TO AVOID REFUSAL OF SHIPMENT!!!!

MICROCEL PRODUCT CODE	QTY	DESCRIPTION OF ITEM RETURNED (EXAMPLE: CLA for NOKIA 6100 SERIES PHONE MODEL)	REASON FOR RETURN (PROVIDE DETAILS AS TO NATURE OF DEFECT	COLUMN BELOW FOR INTERNAL USE ONLY
IMPORTANT: Please read warranty list to determine warranty period and location to return				

If unsure of PO# or CMO# please check with your Head Office

PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR RETURNED PRODUCT.

OFFICE USE ONLY:

MICROCEL AUTHORIZATION: _____ RMA PROCESSED BY:_____
DATE: _____ DATE: _____