Microcel
THE ACCESSORY PROFESSIONALS

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

www.microcelaccessories.com
Telephone: 905-853-2568
Toll Free: 1-800-565-9192
Fax: 905-853-4363
Toll Free: 1-800-753-6646

# FIREFLY Repair/Replacement
## RETURN AUTHORIZATION REQUEST

**R.A.#**

**RA# IS VALID FOR 30 DAYS ONLY**

**TITAN #:**_____ ***DATE:** _____ ***** **TELEPHONE:**_____

***DEALER :**_____***** **FAX:** _____

***PICK UP ADDRESS:** _____

***CITY:**_____ ***PROVINCE:**_____ ***POSTAL CODE:**_____

***REQUESTED BY:** _____ ***EMAIL (TO RECEIVE WAYBILL)** _____

**CUSTOMER INSTRUCTIONS: Please check "Return Authorization Procedures"**
***Fax request to number above or email to: customersupport@microcelaccessories.com**

| QTY | IMEI # OF EACH UNIT | REASON FOR RETURN PROVIDE DETAILS AS TO NATURE OF DEFECT |
|---|---|---|
| **** PLEASE NOTE: RETURN HANDSET ONLY **** | | |
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**# of Master Cartons for Return _____ (one UPS waybill will be issued for each master carton)**

**PLEASE NOTE: UPS waybills are valid for 10 business days**

**MICROCEL AUTHORIZATION:** _____**DATE:** _____