Microcel
THE ACCESSORY PROFESSIONALS

R.A.#

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

# RETURN AUTHORIZATION REQUEST

DEALER CODE:_____ DATE:_____TELEPHONE:_____

DEALER NAME:_____ FAX:_____

ADDRESS:_____

CITY:_____ PROVINCE:_____ POSTAL CODE:_____

REQUESTED BY:_____

## CUSTOMER INSTRUCTIONS:

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

**OFFICE USE ONLY:**

MICROCEL AUTHORIZATION: _____ RMA PROCESSED BY:_____

DATE: _____ DATE: _____