

# OvisLink (Canada) Inc.

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## RMA FORM

Customer No.: \_\_\_\_\_

**RMA #** \_\_\_\_\_

Customer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Office use only

Model No.	Qty	Problem	Invoice #	Serial#	Solution/Serial No.
					. replaced . fixed . credited
					. replaced . fixed . credited
					. replaced . fixed . credited
					. replaced . fixed . credited
					. replaced . fixed . credited
					. replaced . fixed . credited

### OFFICE USE ONLY

RMA IN DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RMA OUT DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

☐ PICK UP / DELIVERY

SIGNATURE: \_\_\_\_\_

☐ SHIP BY \_\_\_\_\_

TRACKING # / WAY BILL # : \_\_\_\_\_

**Remark:**

- \* All defective items must be returned in original packaging, including driver disk, connector, power adapter,?, etc.
- \* OvisLink will not process any Returned Merchandise without a RMA #.
- \* Please mark your RMA # outside the box.