Return Authorized No:

Convaid
by Etac

RETURN AUTHORIZATION FORM

Returns will **only** be accepted under the following conditions:
1. The return will be only accepted if it meets Convaid's Warranty Terms and Conditions as provided at www.convaid.com.
2. This form is completed in its entirety and sent via email to convaidsales.us@etac.com *in advance* of shipping product. For international Convaid product returns, please email the form to international.convaid.us@etac.com
3. A Return Authorized Number is obtained, prior to shipment to Convaid, from a Convaid Customer Service representative
4. A copy of the form is included in the packaging with the returned article and the item is shipped at customer expense to: Convaid Products LLC., 2830 California Street | Torrance, CA 90503 | U.S.A

If questions contact Convaid, Customer service, Tel +1 844-876-6245, Domestic E-mail: **convaidsales.us@etac.com**

I.   CUSTOMER AND DEALER USE

Select One Applicable Box: ☐ **Customer Return**   ☐ **Dealer Return**

Customer Account No.:	**Customer Name:**
Customer Phone/Cell No.:	**Customer Email:**

Customer Address:

Customer Ref: PO No: #_____ **Invoice No: #**_____

Reason For Return:
☐Compliant   ☐ Incorrect Order   ☐ Evaluation   ☐ Damaged   ☐ Shipping Error   ☐ Repair   ☐ Technical Issue
☐ Customer Refusal   ☐ Dealer Refusal   ☐ Other Reasons:

Warranty Returns: ☐ Attached Photos

Describe the nature of the conditions, how it occurred, and the circumstances under which it occurred (e.g. user's weight, ambient conditions, etc.).

Serial No./ Part No.	Description	Qty.	Delivery Date	Convaid Order No.

Servicing ☐ No   ☐Yes, Complete below Sections

Requestor Name:	Phone Number:
	Email:

Type/description of service requested:

II.   CONVAID USE ONLY

Date RA Issued:	**CS Department Representative:**

What is specific problem?