

Return Authorized No:

RETURN AUTHORIZATION FORM

Returns will only be accepted under the following conditions:

- 1. The return will be only accepted if it meets Convaïd's Warranty Terms and Conditions as provided at www.convaïd.com.
2. This form is completed in its entirety and sent via email to convaïdsales.us@etac.com in advance of shipping product.
3. A Return Authorized Number is obtained, prior to shipment to Convaïd, from a Convaïd 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: Convaïd Products LLC., 2830 California Street | Torrance, CA 90503 | U.S.A

If questions contact Convaïd, Customer service, Tel +1 844-876-6245, Domestic E-mail: convaïdsales.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.).
Table with 5 columns: Serial No./ Part No., Description, Qty., Delivery Date, Convaïd 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?

CONTROLLED DOCUMENT