Formula - RMA Request Form

(Return Merchandise Authorisation)

Please complete the form below in order for us to generate an RA Number

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Once complete please return to:

Subject: 'Formula RMA Request' **E-mail:** sales@formula.co.nz

NOTE: We will endeavor to get back to you regarding whether your request has been approved or declined within 2 working days.

You must only return the product once the request is approved and RMA number is assigned.

Contact Name: _____

Company Name: _____

Delivery Instructions/Return Shipping Address:

_____

Phone: _____

Email Address: _____

Reason for Return: ☐ Faulty ☐ Non-faulty

Formula Invoice Number: _____

End-User Invoice Number: (If applicable) _____ End-User Invoice Date: _____

FAULT CLAIM: Detailed description of Reason of Return, note if you list 'Faulty' as description your RMA will be declined

QTY RETURNED	PRODUCT CODE/SKU	SERIAL NUMBER (IF APPLICABLE)	ORIGINAL FORMULA INVOICE #	REASON FOR RETURN (DESCRIPTION OF FAULTY ITEM)

Return Address:
Formula
60B Cryers Road
East Tamaki
Auckland,
2013

When RMA number is received please write the RMA number clearly on the packaging near the address label.

If you are returning non-faulty product please do not mark or alter the original packaging.