

Alcohol Countermeasure Systems Corp 60 International Boulevard Toronto, Ontario M9W 6J2 CANADA T 416 619 3500

F 416 619 3501

acs-corp.com

Return Material Authorization (RMA) Request

Please fax to us at: 416-619-3501 or scan it and email it to info@acs-corp.com

We guarantee great customer service. We also understand that from time to time, you may need to return a product purchased from Alcohol Countermeasure Systems Corp. To streamline that process, we provide the following form to initiate a Return Material Authorization (or RMA).

Please complete the form below. Note that we may contact you for further information if necessary. Once it has been approved we would issue a RMA number and send it to you along with other instructions by email, or fax.

Please do not ship any products back to Alcohol Countermeasure Systems Corp without a valid RMA number. If you have problems submitting this form please call Customer Service at 1-416-619-3500 for assistance.

Customer Number: slip)	(Example 3333, located on either your invoice or packing
Company Name: Contact Name:	
Address:	
Email: Daytime Phone:	
Sales Order Number: Purchase Date:	(example: January 01,2002 or 2002.01.01)
Product Name: Part Number: Quantity:	
Serial Number(s): (If applicable)	
Reason for Return:	

Document Title:	Return Material Authorizati	on Request Form (R	MA)
Release Date:	October 6, 2008	Revision:	1.0
Document Filename:	ACS-FRM-0143 Corp_RMA_Request.doc	Page Number	Page 1 of 2



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Purpose of Return:

Repair/Replace

Credit

Please note:

1. Whenever returning an item to Alcohol Countermeasure Systems Corp, we require the following packing and shipping methods:

- Please return all products with original documentation as well as all parts/accessories. The actual replacement cost for missing items will be deducted from your refund/credit.
- Clearly place the RMA # on a label and attach it to the outside of the box as well as placing this form inside the box.

2. Unless agreed upon, customer is responsible for all shipping costs and must insure the package for the purchased value.

Signature:		Date:	
(To be filled at ACS) ACS Approval Process	3:		
1. Initial Review			
Notes:			
Initial Approval: Business Unit Manager	Name	Signature	
2. Final Approval: Business Unit Manager Quality Manager Materials Manager Controller	Name		
	RMA#:	Date	

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