

## ICDD Return Merchandise Authorization

(\*Required Field)

Please fill out this form COMPLETELY and submit to ICDD. Upon approval, ICDD will promptly issue a RMA number. The RMA number is only valid for 30 days and must be clearly displayed on the outside of the shipping package. We require the customer information, invoice number and an explanation in writing for the return.

Serial No. of product being returned \_\_\_\_\_

Sales Invoice No./Sales Order No. \_\_\_\_\_

\*Reason for return \_\_\_\_\_

### Distributor Information (if applicable)

ICDD Distributor Account No. (If known) \_\_\_\_\_

Organization \_\_\_\_\_

Name \_\_\_\_\_

Street Address (No P.O. Boxes) \_\_\_\_\_

Address (Building/Room No.) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

### Customer Information

Organization \_\_\_\_\_

Name \_\_\_\_\_

Street Address (No P.O. Boxes) \_\_\_\_\_

Address (Building/Room No.) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

Comments \_\_\_\_\_

**NOTE:** If the RMA form is INCOMPLETE, the product will be refused and returned at the distributor's expense.



### This section for ICDD use only

RMA No. \_\_\_\_\_ Issued Date \_\_\_\_\_ Issued By \_\_\_\_\_