

RMA Request Form

To process your claim for returned merchandise, you must complete this form to submit for approval. Please submit this form to orders@plusritecanada.com.

Please note, all RMA forms are subject to approval.

Please submit one form for each invoice/item.

Please keep all defective items until the claim has been completed. Pictures and/or videos *may* be requested.

Invoice #	_____	
Item # / Stock Code	_____	
Quantity	_____	
Was this a custom or installation item?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Warranty # (if applicable)	_____	
Reason for Return	<input type="checkbox"/> Customer Cancel	<input type="checkbox"/> Defective
If defective, please indicate the reason(s)	<input type="checkbox"/> Driver	<input type="checkbox"/> Battery
	<input type="checkbox"/> Water Damage	<input type="checkbox"/> Installation Issue
	<input type="checkbox"/> Housing Damage	<input type="checkbox"/> Other:
Do you need a replacement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For internal use only			
RMA #	_____		
RMA Received Date	_____	Field Scrap	<input type="checkbox"/> Yes <input type="checkbox"/> No
RMA Inspection Date	_____		
Credit Note #	_____		