



Return Merchandise Authorisation (RMA) Application Form

Please complete the RMA Request Form and fax or email to your sales contact
Return address: Unit 1, 6 Powells Road, Brookvale NSW 2100 Australia

Date:	Company Name:	Contact person:
Phone:	Fax :	E-mail :
Address:		Signature:

Notice:

1. Signing implies that Cloudtronics **Warranty Policy** has been read and accepted.
2. RMA merchandise is required to be returned together with any original accessories.
3. **Cloudtronics** reserves the right to refuse RMA application if defective description is no clear.
4. Once RMA number is released the shipping documents i.e. Invoice, Packing and Waybill are to be sent to Cloudtronics via fax/email.

Model #	Serial Number	Defective Description

<i>(This section is for Cloudtronics use only)</i>	
_____	Authorised by _____
Date of issue: _____	Cloudtronics Pty Ltd