



Customer Name:.....

Address:.....

Tel No:.....

RMA No:

White Boxes To Be Filled In By Customer **Grey For North East Cables Use**

Product Part No		Invoice No		Invoice Date	
Product Description					
Product Fault Found When Tested:					
Testers Name				Warranty Barcode No:	
Office Use Only In Grey Below					
Packaging From Customer	Original Pack	Yes/No	All Accessories	Yes/No	
Items Returned To Distributor	Boxes/Blister	Yes/No	Adaptors/Connectors	Yes/No	
Test Results Comments & Action Taken:					
RMA No:			Customer Return Copy With Goods		
Product Part No		Invoice No		Invoice Date	
Product Description					
Testers Name				Warranty Barcode No:	
Office Use Only In Gray Below					
Packaging From Customer	Original Pack	Yes/No	All Accessories	Yes/No	
Items Returned To Distributor	Boxes/Blister	Yes/No	Adaptors/Connectors	Yes/No	
Test Results Comments & Action Taken:					

1 X RMA sheet to be filled in per item as much information as possible to be given on the RMA Form

<p>Northeast Cables,27a Fife Street,Deckham,Gateshead,Tyne & Wear,NE8 3RR,Tel 0191 4206400,Fax 0191 4432217.</p> <p>Please Note All Returned Goods Must Be Tested And All Faults Clearly Stated We Will Charge Customers a Testing Fee If A Report Is Not Given With Returned Goods, Please note all goods returned to us will be sent back to you the customer in the same condition as they were received by us.If Warranty Barcode is removed warranty will be voided.</p> <p>GOODS WILL NOT BE RETURNED TO THE CUSTOMER AT OUR EXPENSIVE IF THERE IS NO FAULT FOUND WITH ANY OF THE RETURNED ITEMS ON ONE RMA NUMBER.</p>
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