



Return Authorization Form

Name of Company:

Date:

Address:

Contact:

Fax #:

	ITEM #1	ITEM #2	ITEM #3	ITEM #4
AML INVOICE # FOR MACHINE				
AML INVOICE # FOR REQUIRED PART				
MODEL NUMBER				
SERIAL NUMBER				
PART NUMBER				
QUANTITY				
DATE REPAIRED				

Customer Name and Phone Number: _____

DESCRIPTION OF BREAKDOWN, REASON WHY GOODS ARE BEING RETURNED

1.
2.
3.
4.

Authorization to Return: (Completed by AML Customer Service) NOTE: WARRANTY ITMES ARE NOT ACCEPTED IF RETURNED COLLECT

AUTHORIZATION #

This number must appear on all shipping paper work

RETURN VIA:

RESTOCKING CHARGE YES _____%

RETURN TO:

AML EQUIPMENT & SUPPLIES LTD.
10 RYAN PLACE #2
BRANTFORD, ONTARIO N3S 7S1

ISSUED BY:

**Note: Authorization for Return is valid for 30 days from date of issue.
Form must be complete to insure no delays in the claim.**