RMA Form

BlokCorp Ltd
5 Sidings Court, Henry Boot Way
Priory Park East
Hull
East Yorkshire
HU4 7DY
United Kingdom
+44 (0) 1482 351 546

Customer Section

Customer Name: _____

Customer Contact: _____

Customer Email: _____

Customer Tel: _____

Date: _____

Dealer Section

Dealer Name: _____

Dealer Contact: _____

Dealer Email: _____

Dealer Tel: _____

Date; _____

To be completed by the Customer and/or Dealer					To be completed by BlokCorp	
Product Description	**Part Number**	**Serial Number**	**System Number**	**Fault Report**	**Job Number**	**Warranty or Charge**

An individual Job Card and Job Number is to be completed for each item.

A copy of the completed RMA Form is to be kept with the corresponding Job Card

If applicable, a copy of the completed RMA Form and Job Card must accompany the associated invoice.