



NEW ZEALAND RMA REQUEST

Date: _____

NEW ZEALAND GME COMMERCIAL DEALER	
Name:	
Address:	
City:	
Country:	Post Code:
Telephone:	
Email:	

PRODUCT DETAILS:

ITEM 1

Model Number	Serial Number	Quantity		Proof of Purchase Attached (Warranty & DOA requires valid PoP)		<input type="checkbox"/>
Fault Description / Comments		Warranty	<input type="checkbox"/>	DOA	<input type="checkbox"/>	Returning Units* <input type="checkbox"/>
		Non Warranty Quote	<input type="checkbox"/>	Non Warranty Repair up to \$100	<input type="checkbox"/>	

ITEM 2

Model Number	Serial Number	Quantity		Proof of Purchase Attached (Warranty & DOA requires valid PoP)		<input type="checkbox"/>
Fault Description / Comments		Warranty	<input type="checkbox"/>	DOA	<input type="checkbox"/>	Returning Units* <input type="checkbox"/>
		Non Warranty Quote	<input type="checkbox"/>	Non Warranty Repair up to \$100	<input type="checkbox"/>	

ITEM 3

Model Number	Serial Number	Quantity		Proof of Purchase Attached (Warranty & DOA requires valid PoP)		<input type="checkbox"/>
Fault Description / Comments		Warranty	<input type="checkbox"/>	DOA	<input type="checkbox"/>	Returning Units* <input type="checkbox"/>
		Non Warranty Quote	<input type="checkbox"/>	Non Warranty Repair up to \$100	<input type="checkbox"/>	

INTERNAL USE:

GME Approval
Comments

Return Instructions:

1. RMA number will be issued after RMA request form is completed and emailed to nzrma@gme.net.au
2. Item should be properly packaged and sent to the below indicated address
3. RMA number should be clearly marked on the outside of the box