



Request for RMA Number

Date: _____ Reference Number: _____

Return For:

- | | |
|--|---|
| <input type="checkbox"/> Credit - Invoice# _____ | <input type="checkbox"/> Beacon Refurbishment |
| <input type="checkbox"/> Non Warranty Repair -
Evaluate & Provide Repair Estimate | <input type="checkbox"/> Warranty Repair -
Provide Proof of Purchase |
| <input type="checkbox"/> Non Warranty Repair - Proceed if Under \$100 | <input type="checkbox"/> Other _____ |

Sender Information:

Name: _____
Address: _____
City: _____ Post Code: _____
Contact Person: _____
Phone: _____ Email: _____

Model	Serial Number	Fault	Repair	Credit

Additional Comments/Instructions:

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 address indicated below
3. RMA number should be clearly marked on the outside of the box