

# RETURN MATERIAL AUTHORIZATION FORM



**Associated Telephone Industries Inc.**  
*"Your Telecom & Data Communications Supplier"*

**Attn: RMA Dept. Fax: 604.270.7512**

Please fill out this form completely to ensure the proper handling of your request. Upon receipt and review of your request you will be contacted via fax. We will provide you with a RMA# that is required for all returns.

Company Name: \_\_\_\_\_ RMA # \_\_\_\_\_

Account # \_\_\_\_\_ Order / Invoice # \_\_\_\_\_ Ship Date: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Quantity	ATI Part #	Description	Cost	Comments

Additional Information (optional): \_\_\_\_\_

**PLEASE FOLLOW THESE GUIDELINES:**

1. All sections of RMA form must be completed to receive an RMA #
2. RMA is provided upon the discretion of ATI
3. An RMA # is valid only for 10 days and subject to 20% restocking charge.
4. Product must be returned in original packaging, complete and shipped freight prepaid.
5. A copy of RMA form must be included with return.

**Thank you ..... Your cooperation is greatly appreciated!**

**VOICE \* DATA \* CATV \* CCTV**

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