

Worklite Professional Uniforms

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RETURN MERCHANDISE AUTHORISATION**RMA#:** _____

CUSTOMER:		Contact Person	
Address			
Telephone/Fax		Email:	
Item No	Description	Qty	Reason for Return
1.			
2.			
3.			
4.			
5.			

Pre Return Authorization Term & Condition:**This form must accompany all returned product.**

- Complete all fields on this form and fax to the above number, wait until a RA number is faxed back before dispatching goods;
- and write the "RA number" on the outside of carton.
- Call to confirm arrival of goods if sent by courier, as we are not responsible for missing goods during transit.
- All products returned for replacement, must be in original packaging with all standard contents, and in saleable condition, and returned within 7 days with a copy of the invoice of the purchase.
- Each issued RMA number is valid for 7 days only.
- All items MUST have a clear and accurate fault description. Failure to do so will result in delay in receiving replacement.
- REFER TO THE CONDITONS UNDER RETURN POLICY ON MAIN PAGE "ABOUT US".

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS AS SET OUT FOR RMA RETURNS.

SIGNATURE BY CUSTOMER: _____ DATE: _____