

Broy Engineering Limited

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REQUEST FOR MATERIAL RETURN

A Return Material Authorization Number (RMA#) will be issued following completion of this form. Please enclose a copy of this form (with RMA#) with your shipment.

DATE: _____ COMPANY: _____

CONTACT NAME: _____ PHONE: _____

FAX: _____

GOODS TO BE RETURNED

SERIAL NUMBERS (REQUIRED)

DESCRIPTION OF COMPLAINT

INVOICING ADDRESS

SHIPPING ADDRESS

COURIER:

ACCT #

STANDARD FEE OF \$50.00 PER UNIT FOR EVALUATION APPLIES.
A REPAIR ESTIMATE WILL BE PROVIDED PRIOR TO ANY WORK

RMA# _____

ISSUED BY: _____