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## Canafusion Technologies Inc.

### Return Merchandise Authorization (RMA)

Please **fax signed copy to +1 (604) 677.5295** or **include copy of this form with equipment** to be returned.

This RMA form will not be accepted unless a Canafusion Technician has provided you with an approved RMA # prior to your return shipment.  
**Return authorization is only valid for 10 business days from the date which it was issued.**

Customer Name: \_\_\_\_\_ RMA #: \_\_\_\_\_

Company Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List of product(s) & all Accessories: \_\_\_\_\_

Where was the equipment purchased from?: \_\_\_\_\_ Product Serial No. \_\_\_\_\_

Reason for return: \_\_\_\_\_

My repair is urgent. Requested Equipment return date: \_\_\_\_\_

By signing below, customer agrees to allow Canafusion to repair or replace any items under warranty. Customer agrees to pay for return shipping. Missing accessories will not be shipped unless ordered.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR USE BY CANAFUSION PERSONNEL

Date received at Canafusion: \_\_\_\_\_ Received by (initials): \_\_\_\_\_

Serial #: \_\_\_\_\_ Battery (circle) YES / NO (if any)

\*\*List accessories returned: \_\_\_\_\_

\*\*List accessories missing: \_\_\_\_\_