



Return Authorization Form

Name of Company: _____

Date: _____

Address:

Contact: _____

Fax #: _____

	ITEM #1	ITEM #2	ITEM #3	ITEM #4
AML INVOICE # FOR MACHINE				
AML INVOICE # FOR REQUIRED PART				
MODEL NUMBER				
SERIAL NUMBER				
PART NUMBER				
QUANTITY				
DATE REPAIRED				

Customer Name and Phone Number: _____

DESCRIPTION OF BREAKDOWN, REASON WHY GOODS ARE BEING RETURNED

1.	
2.	
3.	
4.	

Authorization to Return: (Completed by AML Customer Service) NOTE: WARRANTY ITEMS ARE NOT ACCEPTED IF RETURNED COLLECT

AUTHORIZATION # _____

This number must appear on all shipping paper work

RETURN VIA: _____

RESTOCKING CHARGE YES _____%

RETURN TO:

AML EQUIPMENT & SUPPLIES LTD.
10 RYAN PLACE #2
BRANTFORD, ONTARIO N3S 7S1

ISSUED BY:

**Note: Authorization for Return is valid for 30 days from date of issue.
Form must be complete to insure no delays in the claim.**