

Return Material Authorization Request Form

DATE: _____ CUSTOMER #: _____

DEALER NAME: _____ CONTACT PERSON: _____

ADDRESS: _____ PHONE #: _____

_____ FAX : _____

_____ EMAIL: _____

Your RMA# will be provided to you by Continental upon completion of this form. Kindly insert a copy of this form with your shipment return along with the RMA number provided to you.

RMA # _____

REASON FOR RETURN:

- CREDIT – LESS 25% RESTOCKING FEE CREDIT – MFR. DEFECT
- ADVANCE REPLACEMENT [ONLY OFFERED ON PRODUCTS STILL UNDER WARRANTY].
Shipping Address: _____
- WARRANTY REPLACEMENT NEW PURCHASE ORDER NO. _____
(REQUIRED FOR WARRANTY AND NON WARRANTY REPAIRS AND ADVANCE REPLACEMENTS)

Quantity	Part No.	Purchase Date	Original P.O.#		Problem Description

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RMA # _____

Approved By: _____

_____ Continental Access

_____ Date:

**PLEASE SHIP RETURNS TO:
ATTN: RMA # (Issued by Continental)
CONTINENTAL ACCESS
355 BAYVIEW AVENUE
AMITYVILLE, NY 11701**

THIS RMA NUMBER IS VALID ONLY FOR MERCHANDISE RETURNED WITHIN 90 DAYS OF
ISSUANCE.