

Return Material Authorization Request Form

DATE: _____

CUSTOMER #: _____

DEALER NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE #: _____

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:

- **Card evaluation**- Please advise mode of transport for credential return. _____
Note: Customer is responsible for the freight associated with credential return.
USPS requests are shipped at no charge. Continental is not responsible for delivery of credentials to their final destination after handoff to specified carrier.

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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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.

RMAREQUESTFORMREV5AUGUST2019