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RETURN MERCHANDISE AUTHORIZATION FORM

Customer information	
Name:	<p>Instructions*:</p> <p>1. Contact SIMERLAB to request RMA# prior to completing this RMA Form (Email:info@Simerlab.com, or your salesman)</p> <p>2. Upon receipt of a RMA#, fill out this form completely</p> <p>3.All returns must include the following: Completed RMA form, item in original packaging (if available), manufacturer documentation (manuals, warranty cards, registration information, etc....), and a detailed description of the problem with the product</p> <p>4. Customer can request a document of "SIMERLAB WARRANTY POLICIES" to understand details</p> <p style="margin-left: 20px;">*Simerlab reserves the right to review all orders at which point we may accept or decline any order for any reason, regardless of any confirmation receipt sent by the customer. When returning products, we strongly recommend the use of a carrier that can track packages and calculate correct postage, as we do not accept any returned packages with postage due. SIMERLAB is not responsible for any damages incurred during shipping to us. You also assume responsibility for insuring the returned item. SIMERLAB retains ownership of all products until payment is received.</p>
Company name:	
Address:	
City: Country: Zip:	
Phone: Fax:	
Email address:	
Proforma Invoice No.:	
Item(s) Purchased Date:	
Company Item(s) was purchased from:	
RMA#	
Description of Problems and its Qty(If photos applicable):	
Reason For Return(Check All That Apply)	
1. <input type="checkbox"/> Defective Product. Please explain	
2. <input type="checkbox"/> Received Wrong Product. Please explain	
3. <input type="checkbox"/> Received Damaged Shipment. Please file a claim with carrier	
4. <input type="checkbox"/> Others. Please clarify	
What Would You Like Us To Do?	
<input type="checkbox"/> Repair or Replace with Item of same Type Ordered	
<input type="checkbox"/> Issue Credit (Deduct it from next order if applicable)	
<input type="checkbox"/> Trade In(Exchange with Different Item)	
<input type="checkbox"/> Others. Please clarify	
Comments:	

Customer Signature

Print Name

Date