

AUCKLAND

Return for Credit Approval

(Non Faulty Goods. Please use one form per product))

Customer Section					
Date :		RMA No.*			
Customer Name:					
Phone Number:		Product Code:			
Fax Number:		Invoice Date:			
Invoice Number:		Quantity:			
Product Description _					
Reason for Return (if IMNZ mistake please specify	Δ				
Please fill out the following que		eft blank your RMA will not	be processed		
Is the product unope		•	·	(Y	′/N)
•					
Was the product pur	chased less then 7	days ago?		(Y	′/N)
Do I abide by IMNZ's terms and conditions of return?					
(Terms and Conditions are shown on IMNZ's web site or on the next page)					
Name:		Signature:			
Below for Office Use Only					
Customer Services S	Section				
RMA Reason Code:		Was this a spec	cial order?	(Y	′/N)
Has the cost price chang	jed?	(Y/N) If so, by how m	uch?		
Days since purchase:		Value of Credit	Issued:		
* If (1) the product was purchased less than 14 days ago (2) the cost price has not changed (3) is not a "C" class and (4) the product was not ordered especially for the customer then CSR may issue a RMA number (check with PM if in doubt). If not then the RMA number is not to be issued until form has been signed by PM					
Product Managemen	nt Section				
% Restocking Fee: PM Approval Signature:					
RMA Dept. Section					
Date Received into RA D	epartment				
Is Product in Acceptable	Resalable Condition ?			(Y/N)	
Please cut off the label be	elow to use to send the go	oods back to Ingram M	icro		
Attn: RMA Dep	nartment				
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Ingram Micro (•	RMA N	lumber:		
15A Vestey Dr	IVE				
Mt Wellington					