



## Returns Request Form

Customer Name:	Tel:	Company:
Account No:	Fax:	Date:
E-mail:		

Please fill in all blank fields otherwise the form may be returned asking for more information, which will delay the response.  
Please note: In most cases Technical Support try to resolve issues over the phone before issuing an RMA number.

Protouch Item Code	Date of Purchase	Serial Number	Fault/Problem	Protouch Sales Invoice Number	RMA Number
New Delivery Address					

Please fax this form back on **08701 992 625**. We will then contact you with a returns authorisation number.

Warranty type	Initial	Protouch Staff use only	Note to customer
<input type="checkbox"/> RTB		Unit to be returned by customer	Please do not send any goods back without a copy of the RMA form and a valid authorisation number as they may be refused or the unit will be put into a low priority area and may be delayed by up to six weeks.
<input type="checkbox"/> Swap Out		Advance replacement	Advance replacement – collection on delivery ONLY Please make sure that faulty unit is ready to collect, as the courier will not leave the replacement, without collecting the faulty unit.