## Return Merchandise Authorisation Form



Email form to: returns@shottrack.com.au

Attention: ST Returns

	RMA Steps: 1	1. Fill out this f	orm completely 2. Prepare	a copy of the sa	ules invoice(s) 3. E	Email per ab	ove	
For Office Use Only			Company Name:					
			Account Number:					
RMA Number:			Ship To Address:					
Date RMA Issued:			Country: City:					
			State: Post Code:					
Processed By:			Requested By:					
Item Returned:			Email:					
Date Received:			Phone:					
Quantity	Item Number		Description	PO Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?	
Return Reason Codes Comments / Special Instructions								
Record appropriate number in the "Reason Code" column above.								
1. Calibration o								
<ol> <li>Damaged in</li> <li>Product defe</li> <li>Incorrect iten</li> </ol>	ective							
5. Other	ii ordolod							
If items need to be returned, please wait for pickup instruction <u>after</u> receiving an RMA number:				ap	For Office Use Only			
				Credit Issued:	Credit Issued:			
01.77					Credit Amount:			
					Transaction Number:			
Unit 4/21-23 Hurley Drive Coffs Harbour, NSW, 2450, Australia				Date Issued:				
				Issued By:	Issued By:  Comments:			
			2020 ShotTrack Ptv Ltd I	MANAY Chattrack	v com au			
				WWW.SITUILLACK	v.com.au			