



Ink Quest

Return Materials Authorization Request Form

Date: _____

RMA# _____

For speedy processing of your return, please fill out this form in full.

- To request authorization:

Edmonton	Phone: (780) 454-4321	Fax: (780) 452-5405
Richmond	Phone: (604) 273-1013	Fax: (604) 273-1593
- Returns must be accompanied by an approved RMA# which must be clearly marked on the outside of the shipping container.
- Defective product must be in original packaging and must be accompanied by a print sample.
PLEASE BE SPECIFIC WHEN DESCRIBING PROBLEMS.
- Non-defective returns must be in original packaging without any labels affixed or sticker damage, and in resaleable condition.

ANY DEVIATION FROM THESE INSTRUCTIONS WILL RESULT IN DELAY OR REFUSAL OF CREDIT.

Company Name: _____

Contact: _____ Customer#: _____

Phone#: _____ Fax#: _____ Email: _____

PRODUCT CODE#	INVOICE#	QTY	PRICE	PROBLEM	For Ink Quest Use

Reason for return:

Ink Quest Error **10 Day Limit**

Defective Goods **90 Day Limit** Please be specific.

Other **90 Day Limit** 20% restocking fee may apply.

TO BE FILLED OUT BY INK QUEST:

SHIP TO:

Ink Quest Edmonton 15462 131 Ave NW, Edmonton, AB, T5V 0A1

Ink Quest BC 5 -13520 Crestwood Place, Richmond, BC V6V 2G3

SHIP VIA:

Prepaid

Purolator Collect Acct# _____

ANY UNAUTHORIZED COLLECT SHIPMENTS WILL BE REFUSED.

Authorization Signature _____

All RMA# are void after 10 days.