InkQuest

Return Materials Authorisaton Request Form

For speedy processing of your return, please fill out this form in full.   **RMA#** _____

● To request an authorisation:						
Edmonton	Téléphone:	(780) 454-4321	Fax:	(780) 452-5405	Courriel	sales@inkquest.com
Richmond	Téléphone:	(604) 273-1013	Fax:	(604) 273-1593	Courriel	csrbc@inkquest.com
St-Eustache	Téléphone:	(450) 491-5050	Fax:	(450) 472-0678	Courriel	csr@jcmd.ca

● Returns must be accompanied by an approved RMA# which must be clearly marked on the outside of the shipping container.

● Defective products must be in original packaging and must be accompanied by a print sample.

PLEASE DE SPECIFIC WHEN DESCRIBING PROBLEMS

● Non-defective returns must be in original packaging without any labels or stickers and in resellable condition.

● A copy of the original invoice/packing slip must be included with the RMA form.

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

Company Name: _____

Contact: _____   **Account#** _____

Phone: _____   **Fax:** _____   **Email:** _____

PRODUCT	INVOICE#	QTY	PRICE	PROBLEM	INTERNAL USE

Reason for return

☐	Ink Quest Error	**5 Day Limit**
☐	Defective Goods	**90 Day Limit**
☐	Other	**90 Day Limit**

Please de specific
20% restocking fee may apply

To be filled out by Inkquest / JCMD

SHIP TO

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

☐ Ink Quest BC   Unit #5, 13520 Crestwood Place, Richmond, BC V6V 2G3

☐ In Quest QC   330 Industrial Blvd suite 7, St-Eustache, Qc J7R 5R4

SHIP VIA

☐ Prepaid

☐ Purolator Collect **GROUND**   Acct [_____]

ANY UNAUTHORISED COLLECT SHIPMENTS WILL BE REFUSED

Signature _____   ***ALL RMA# ARE VOID AFTER 30 DAYS***