

BARCODE TEST LLC - RMA FORM

RMA No. _____

Please use the shipment date as the RMA Number

Company Name _____

Address: _____

Post Code: _____

Tel. No.: _____

Contact Name: _____

Email: _____

Product Type: _____

Serial No.: _____

Purchase Date: _____

PLEASE SPECIFY WORK REQUIRED:

All accessories returned with verifier(s) MUST be listed.
We do not accept responsibility for unreturned
items that are not listed.

	RETURNED BY CUSTOMER	TO COMPLETE
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Carry Case	☐	☐
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Black Wallet	☐	☐
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Other – please specify: _____

LOAN UNIT REQUIRED: YES ☐ NO ☐

BARCODE TEST TO COMPLETE:

Loan Unit(s) No. _____

Date sent: _____

Tracking details: _____

SHIPPING ADDRESS

BARCODE TEST LLC

SERVICE DEPARTMENT

8726 Seminole Trail, Unit B3

Ruckersville, VA 22968

email: lab@barcode-test.com

Tel.: +01 (630) 235-6077

PLEASE TICK PREFERRED METHOD OF PAYMENT

Invoice ☐ Bank Transfer ☐ Credit Card ☐

PURCHASE ORDER NO.: _____

Please include/attach an official P.O. with RMA form.

FOR BARCODE TEST USE ONLY

Date received: _____

External inspection findings: _____

Date returned: _____

Tracking details:: _____

Repair cost: _____

Delivery cost: _____

Confirmed: YES / NO Date: _____

RMA Category: A B C D E

Repair Code: 1 2 3 4 5 6

Comments: _____

CRM Updated: _____