

FILE 1003

## RETURN MERCHANDISE AUTHORIZATION

If you received any defective/damaged item(s), please contact us immediately, HCI Lighting is committed to make every effort to resolve any problems as soon as possible.

Shall you need to return any item(s) to HCI Lighting, please follow the below instructions:

1. Pack the item(s) securely. All returned products must be in the original condition they were received in, in the original manufacturer's packaging, as in re-sellable condition.
2. Include a completed copy of this RMA form, a copy of your original receipt/packing slip, and a copy of HCI's original invoice.
3. Insure the package when shipping. RMA will not be accepted if item(s) is(are) damaged due to insufficient packaging.
4. Please note that all original shipping charges are **NOT** refundable.
5. Refunds for any returned items which were eligible for free shipping will be deducted by the amount of the free shipping from the original order.
6. Shipping charges for the returned item(s) shall be prepaid.
7. Return the item(s) to:  
**Heritage Casting and Ironworks Ltd.**  
**1280 Fewster Drive**  
**Mississauga, Ontario L4W 1A4 CANADA**
8. Upon inspection, if item(s) is(are) manufacture defective, shipping for replacement unit shall be prepaid by HCI.
9. Submit the completed RMA form to you account manager \_\_\_\_\_ through email \_\_\_\_\_, or via fax at (905) 238-9060.
10. Please allow 24 hours from receipt of this form to issue your RMA number.

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### NOTE

*Designated account manager must fill out name, email address and issue RMA No.*

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RMA No.

Please print clearly.

SECTION A – CUSTOMER INFORMATION	
Company Name	
Street Address	
City	Province / State
Postal / Zip Code	Country
Contact Name	Email
Telephone	Fax
SECTION B – ORDER REFERENCE	
Customer P.O. No.	HCI Invoice No.
Project Name	Shipped Date
Have you paid the invoice amount in full?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RMA process might be interrupted if invoice has not been paid in full.</b>	
SECTION C – RETURN DETAIL	
Item Type	Item Part No.
Reason for Return	<input type="checkbox"/> Damaged/Defective <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Incorrect item <input type="checkbox"/> Other
Has the item been used? (required for replace or repair)	<input type="checkbox"/> Yes <input type="checkbox"/> No
You would like to	<input type="checkbox"/> Replace <input type="checkbox"/> Repair
SECTION D – OFFICE USE ONLY (ACCOUNT MANAGER)	
Item Qualified for	<input type="checkbox"/> Charge <input type="checkbox"/> No charge                      Signature
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SECTION E – OFFICE USE ONLY (POST TO RETURN & INSPECTION)	
Item Condition	<input type="checkbox"/> manufacture defective <input type="checkbox"/> not defective <input type="checkbox"/> customer improper use
Item is authorized for	<input type="checkbox"/> repair/replace at no charge <input type="checkbox"/> other <input type="checkbox"/> repair/replace at charge
Authorized By	Date