



Customer Return Materials Authorisation

NATIONAL COMMUNICATIONS (AUST.) PTY LTD
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Customer Details

Company _____	Contact _____	ID _____
Address _____	Phone _____	Fax _____
_____	Email _____	_____
City _____	State _____	Post Code _____

Product Details

Item	Model #	Serial #	Qty	Reason for Return	Invoice #	Invoice Date

For internal use only

RMA # _____	Restocking fee _____	Credit amount _____
Issued by _____	Return rec'd on _____	Credit issued by _____
Issued on _____	Return rec'd by _____	Credit issued on _____
Good until _____		Replacement sent _____

PLEASE NOTE THIS FORM IS TO BE COMPLETED AND RETURNED WITH THE GOODS