

Toner Source

In a world of colour, we think green

Ship Freight _____ to

RMA# _____

Today's Date (MM/DD/YYYY) _____

Product Purchase Date (MM/DD/YYYY) _____

Original Invoice/Order # _____ Your P.O.# _____

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone # (____) _____ - _____ EXT _____ Fax # (____) _____ - _____

Contact Name _____

Mfg PRODUCT #	QTY	REASON for return	Product Opened?

TonerSource Inc. 22 Ruskin Street, Kingston, ON K7K 2N3 613-329-1131

INSTRUCTIONS

1. Please complete all areas of the form.
2. Fax completed form to (613) 549-1453.
3. Expect a return fax within 48 hours (2 business days).
4. Ship product to the address provided with the approved RMA, all information will be provided.
5. DO NOT write on or mark up the original product box.
6. Clearly write the RMA# on the return label.
7. Include a copy of the approved form in the box.

Thank You

Office Use ONLY

RMA Approved

RMA # _____

RMA Type _____

RMA Declined

Reason: _____