

RMA REQUEST FORM

Please fill out this form and fax to Customer Service

Westcon- Comstor: +649 415 6220

Please be sure to include this form and a copy of the original invoice with any returned merchandise.

Customer Number: _____ Company Name: _____
 Contact: _____ Telephone Number: _____
 Date of Request: _____ E-Mail Address: _____
 WGNA Sales Rep: _____ (Mandatory)

PO Number <u>OR</u> Invoice Number	WGNA Part Number(s)	Serial Number(s)*	Reason for Return (Must Be Completed)	Qty	RMA Number

* Some Products may not have a serial number.

Additional Comments: _____

Return for: Credit? Replacement? Has your Salesperson ordered your replacement? Yes No

Please provide Ship To address, if Salesperson has not provided your replacement.

Company: _____
Address 1: _____
Address 2: _____
City, State, Zip: _____
Attn: & Ph#: _____

You should receive an e-mail or a fax response from Customer Service within 48 hours, questions? Please call + 649 415 6220.

In order to ensure quick response time, WGNA requires a detailed technical description of the problems related to the return of all defective merchandise. All information must be completed before WGNA can process the RMA. **ANY PRODUCT RETURNED FOR CREDIT MUST BE UNOPENED - NO EXCEPTIONS. DEFECTIVE ITEMS BEING EXCHANGED FOR THE SAME PRODUCT MUST BE RETURNED IN ORIGINAL PACKAGING WITH ALL MANUALS, CABLES & PACKING MATERIALS. PRODUCTS RETURNED INCOMPLETE WILL BE REFUSED AND RETURNED TO YOU. PRODUCTS MUST BE PACKED IN LARGER BOXES FOR SHIPPING, (NO SHIPPING LABELS, WRITING OF ANY KIND, OR TAPE ON ORIGINAL BOXES).** WGNA requires product be returned in original packaging. WGNA will not be responsible for any shipping damage incurred during transit to or from the customer. **NOTE:** ALL RETURNS ARE SUBJECT TO A 25% RESTOCK FEE.

Please put the RMA number on the SHIPPING LABEL ONLY--**DO NOT WRITE THE RMA NUMBER ON THE ORIGINAL PACKAGING.** All returns must be sent freight prepaid. **NOTE:** RMA#s ARE ONLY GOOD FOR 30 DAYS FROM DATE ISSUED.

By signing below, you are acknowledging and agreeing to the terms stated above.

Signature: _____ **Date:** _____

Name: _____ **Email:** _____

PLEASE SHIP ALL RETURNS TO:
 Westcon Group NZ Limited
 32 Canaveral Drive
 Albany
 Auckland 0632
ATTN: RMA# _____
 PLAINFIELD, IN 46168-7609