

ICDD Return Merchandise Authorization

(*Required Field)

Please fill out this form COMPLETELY and submit to ICDD. Upon approval, ICDD will promptly issue a RMA number. The RMA number is only valid for 30 days and must be clearly displayed on the outside of the shipping package. We require the customer information, invoice number and an explanation in writing for the return.

Serial No. of product being returned _____

Sales Invoice No./Sales Order No. _____

*Reason for return _____

Distributor Information (if applicable)

ICDD Distributor Account No. (If known) _____

Organization _____

Name _____

Street Address (No P.O. Boxes) _____

Address (Building/Room No.) _____

City _____ Postal Code _____ State/Province _____

Country _____

Telephone _____ Ext _____ Email _____

Customer Information

Organization _____

Name _____

Street Address (No P.O. Boxes) _____

Address (Building/Room No.) _____

City _____ Postal Code _____ State/Province _____

Country _____

Telephone _____ Ext _____ Email _____

Comments _____

NOTE: If the RMA form is INCOMPLETE, the product will be refused and returned at the distributor's expense.



This section for ICDD use only

RMA No. _____ Issued Date _____ Issued By _____