



# Repair & Return Request Form – CANADA Page 1 of (Ex. 1, 2, 3)

Note: No RMA will be issued without complete shipping instructions

**COMPLETE THIS FORM AND FAX TO 905-475-7935 OR E-MAIL: [CanadaParts@meau.com](mailto:CanadaParts@meau.com)**

Requesting a Return Material Authorization (RMA) number and returning product(s) for repair implies the Customer's acceptance to the Product Repair & Return Policy, Publication P72-07X-TSSPTS-001\_Product Repair & Return Policy.

<b>BILL TO: CUSTOMER CONTACT INFORMATION</b>		CASE #
REQUESTED BY (First & Last Name):		
PH:	FX:	E-Mail:
<b>BILL TO: CUSTOMER ACCOUNT INFORMATION</b>		MEAU ACCOUNT #
COMPANY NAME:		
BILLING ADDRESS:		
CITY:		
PROVINCE:	POSTAL CODE:	
<b>SHIP TO: USER INFORMATION</b>		MEAU ACCOUNT #
COMPANY NAME:		
SHIPPING ADDRESS:		
CITY:		
PROVINCE:	POSTAL CODE:	
ATTENTION TO: (First & Last Name / Department):		
PH:	FX:	E-Mail:
<b>PURCHASE ORDER: PAYMENT IS REQUIRED IN ADVANCE OR NET 30 DAYS IF APPROVED</b>		
REPAIR PURCHASE ORDER # (REQUIRED)		REQUESTING PERSON AUTHORIZATION SIGNATURE (REQUIRED)
REPAIR & RETURN SHIPPING TO:	<b>BILL TO: (CUSTOMER)</b>	<b>SHIP TO: (USER)</b>
		<b>RETURN IN ORIGINAL BOX?</b>
<b>SHIPPING INSTRUCTIONS (REQUIRED)</b>		
COURIER _____ ACCT# _____ SHIP METHOD (e.g. GROUND/AIR/9AM) _____		
INSURANCE VALUE _____ ** IF NO INSURANCE VALUE, DEFAULT IS NO INSURANCE, ALL SHIPMENTS ARE FOB SHIPPING POINT (MITSUBISHI). ACCOUNT# REQUIRED FOR COLLECT SHIPMENTS **		
*** Please confirm with the Canada office that they can repair your item, if not it must go to the US Office ***		
*** Make sure to back up all memory before sending in any product to MEAU. We are not liable for any loss of data. ***		
<b>ITEM 1 PRODUCT INFORMATION</b>		
WARRANTY	RUSH REPAIR \$150.00 CA	(MEAU USE ONLY) <b>Repair Price (CAD)</b>
NON-WARRANTY	STANDARD	
ITEM PART #	ITEM SERIAL #	
MACHINE MODEL #	MACHINE SERIAL #	MEAU PART #
< Validation Of A Warranty >	Reference Purchase Order NUMBER:	Reference Purchase Order DATE:
<b>ITEM 1 PROBLEM DESCRIPTIONS (This section must be completed)</b>		
<b>Failure Symptoms, Alarm(s) and/or Reason for Repair or Evaluation:</b>		



# Repair & Return Request Form – CANADA Page of (Ex. 2, 3, 4)

**COMPLETE THIS FORM AND FAX TO 905-475-7935 OR E-MAIL: [CanadaParts@meau.com](mailto:CanadaParts@meau.com)**

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<b>BILL TO Name:</b>	<b>Repair PO #</b>
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## ITEM 2 PRODUCT INFORMATION

WARRANTY	RUSH REPAIR \$150.00 CA	(MEAU USE ONLY) <b>Repair Price (CAD)</b>
NON-WARRANTY	STANDARD	
ITEM PART #	ITEM SERIAL #	
MACHINE MODEL #	MACHINE SERIAL #	MEAU PART #
< Validation Of A Warranty >	Reference Purchase Order NUMBER:	Reference Purchase Order DATE:

## ITEM 2 PROBLEM DESCRIPTIONS (This section must be completed)

**Failure Symptoms, Alarm(s) and/or Reason for Repair or Evaluation:**

## ITEM 3 PRODUCT INFORMATION

WARRANTY	RUSH REPAIR \$150.00 CA	(MEAU USE ONLY) <b>Repair Price (CAD)</b>
NON-WARRANTY	STANDARD	
ITEM PART #	ITEM SERIAL #	
MACHINE MODEL #	MACHINE SERIAL #	MEAU PART #
< Validation Of A Warranty >	Reference Purchase Order NUMBER:	Reference Purchase Order DATE:

## ITEM 3 PROBLEM DESCRIPTIONS (This section must be completed)

**Failure Symptoms, Alarm(s) and/or Reason for Repair or Evaluation:**

## ITEM 4 PRODUCT INFORMATION

WARRANTY	RUSH REPAIR \$150.00 CA	(MEAU USE ONLY) <b>Repair Price (CAD)</b>
NON-WARRANTY	STANDARD	
ITEM PART #	ITEM SERIAL #	
MACHINE MODEL #	MACHINE SERIAL #	MEAU PART #
< Validation Of A Warranty >	Reference Purchase Order NUMBER:	Reference Purchase Order DATE:

## ITEM 4 PROBLEM DESCRIPTIONS (This section must be completed)

**Failure Symptoms, Alarm(s) and/or Reason for Repair or Evaluation:**