



**AUSTRALIAN
DIVERSIFIED
ENGINEERING**

26 Kingsbury Street
Brendale, QLD, 4500
Australia
Phone: +61 7 3863 5800
Web: ade.net.au
Email: rma@ade.net.au

Return Material Authorisation (RMA) Form

RMA Instructions

1. Complete **PART 1** of this form and send it by email to Australian Diversified Engineering (ADE). If more than one part is to be returned, print and complete **Form 1A** and attach it to this form.
2. ADE will process your request and reply with **PART 2** completed.
3. Print this form and attach it to the goods being returned.
4. Complete the address label template and return to ADE.

PART 1 - Customer To Complete

DATE: _____

Contact Information

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____ Fax: _____

Return Information

Invoice Number: _____ Invoice Date: _____

Part Number: _____ Serial Number: _____

Part Description: _____ Quantity to Return: _____

Fault Description: _____

PART 2 - ADE To Complete

RMA #: _____

Date: _____

Authorised by: _____

Comments: _____

PART 3 - Office Use

Goods Received Date: _____

Received by: _____

Conditions

- 1: Products purchased through ADE and under warranty may be returned for replacement or repair.
- 2: Original order number and date must be provided to verify warranty coverage.
- 3: Products will be accepted for return only in accordance with our returns policy . Repair, replacement or credit will only be given in accordance with that policy.
- 4: ADE reserve the right to refuse returned goods if, in our sole opinion, any of the conditions set out in the returns policy have not been met. In the event of refusal we will return the goods at your risk and expense.
- 5: If supporting documentation is not provided within 12 weeks of receiving the returned product it will be disposed of.
- 6: By completing and returning this form you agree that you have read and understood the terms in our Return Policy Agreement.

Shipping Instructions

Print completed RMA form and attach to goods being returned.

Complete and print shipping labels and send to ADE

Address: 26 Kingsbury Street, Brendale, QLD, Australia, 4500



PART 1A - Customer To Complete

Part 2

Invoice Number: _____ Invoice Date: _____

Part Number: _____ Serial Number: _____

Part Description: _____ Quantity to Return: _____

Fault Description: _____

Part 3

Invoice Number: _____ Invoice Date: _____

Part Number: _____ Serial Number: _____

Part Description: _____ Quantity to Return: _____

Fault Description: _____

Part 4

Invoice Number: _____ Invoice Date: _____

Part Number: _____ Serial Number: _____

Part Description: _____ Quantity to Return: _____

Fault Description: _____

Part 5

Invoice Number: _____ Invoice Date: _____

Part Number: _____ Serial Number: _____

Part Description: _____ Quantity to Return: _____

Fault Description: _____

Part 6

Invoice Number: _____ Invoice Date: _____

Part Number: _____ Serial Number: _____

Part Description: _____ Quantity to Return: _____

Fault Description: _____

