Return/Exchange Request

Microcel Corporation
1274 Ringwell Drive Unit #2
Newmarket, ON L3Y 9C7
(905) 853-2568

INSTRUCTIONS

1. Please complete this form with all applicable information and return to Microcel by email *(returns@microcel.com)* or by fax *(905-853-4363).*
2. Include a copy of your retail sales receipt, invoice or applicable proof of purchase.
3. All Return/Exchange Requests must be within twelve (12) months of the date of retail purchase.
4. Our RMA Team will review the submission and, once approved, will send you a RA Number and return instructions.
5. The claimant is responsible for the Return Shipping Cost and the shipment must be traceable.

DEALER / CUSTOMER CODE:______________________ DATE:_____________ TELEPHONE:__________________________

DEALER / CUSTOMER NAME:____

ADDRESS:____

CITY:______________________________ PROVINCE:___________ POSTAL CODE:___________________________________

REQUESTED BY:_______________________EMAIL ____

PRODUCT CODE	QTY	DESCRIPTION OF ITEM TO BE RETURNED *(EXAMPLE: Red Mophie Case for iPhone 6)*	REASON FOR RETURN *Provide details as to the nature and reason for return.*	COLUMN BELOW FOR INTERNAL USE ONLY
			OFFICE USE ONLY:	

MICROCEL AUTHORIZATION: ____________________ RA PROCESSED BY:___________________DATE: _______________