Return Merchandise Authorisation Form



Email form to: returns@shottrack.com.au

Attention: ST Returns

	RMA Steps: 1	I. Fill out this f	orm completely	y 2. Prepare a	copy of the sa	les invoice(s) 3. E	Email per ab	ove
			Company Name:					
For Office Use Only			Account Number:					
RMA Number:			Ship To Address:					
Date RMA Issued:			Country: City:					
			State: Post Code:					
Processed By:			Requested By:					
Item Returned:			Email:					
Date Received:			Phone:					
Quantity Item Number			Description		PO Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?
Return Reason Codes Comments / Special Instruction								
Record appropriate number in the "Reason Code" column above.								
1. Calibration o								
 Damaged in Product defe Incorrect iten 	ctive							
5. Other								
If items need to be returned, please wait for pickup instruction after receiving an RMA number:					For Office Use Only			
					Credit Issued:			
					Credit Amount: Transaction Number:			
Unit 4/21-23 Hurley Drive					Date Issued:			
Coffs Harbour, NSW, 2450, Australia					Issued By:			
					Comments:			
		C2	2020 ShotTra	ack Pty Ltd w	ww.shottrack	c.com.au		