



Unit #1, 2153 – 192nd Street
Surrey, BC, V3S 3X2, Canada
Main: 604.542.8500 Fax: 604.542.8501
www.interprovincial.com

Return Material Request

Request Date: _____

Agency: _____

Address: _____

Requestor: _____ Title: _____

Phone: _____ Fax: _____

End User: _____

Reason for return: _____

Quantity	Part Number	Serial Number

Return Product “Ship to” Address: _____

Carrier of choice and account number (Product will be returned collect): _____

- ~ Please fax or email this completed form to:
Fax: (604) 542-8501 or email gsettle@interprovincial.com
- ~ Once you have faxed/emailed this form, please ship the faulty product.
- ~ (Do not wait for an RMA # to be issued. ITS will use this form as the RMA)
- ~ **Please include a copy of this completed form with the faulty product.**
- ~ Product to be returned to ITS prepaid.
- ~ Product will normally be returned repaired/replaced in 4 – 6 weeks.