

RETURN AUTHORIZATION

RA NUMBER

--	--	--	--	--

Return to : IKOP AUTOMATION, INC.

12329 Telegraph Road., Santa Fe Springs, CA 90670

Toll Free: (888)944-7670 Local: (562)944-9999 Fax: (562)944-8888

Please complete RA form and fax back to (562)944-8888

Company Name: _____ Acct. #: _____
Address : _____ Contact : _____
City: _____ Date: _____
Phone: _____ Fax: _____

Q'ty	Manufacturer	Model	Serial #	Problem	Invoice #

Problem : _____

For IKOP USE ONLY
Warranty Credit Exchange Replacement Approved by: _____
Defective Shipping Damage Request Repair Wrong Part Inspected by: _____

Special Note _____

Authorized By: _____ **Product Received By:** _____

Return Policy : No credit for defective items, exchange only.

Returns must shipped PREPAID AND WITHOUT HANDLING CHARGE TO IKOP AUTOMATION, INC. to the above address

Authorized returns are subject to inspection BY Manufacture.

Please include copy of invoice or packing slip showing purchase of item to be returned(Serial number must match)

All returns must be in original box and packed with original packing(Must separate the toner and photoconductor unit from machine)

Must vacuumed Cleaning unit, DV unit and Toner box unit from main machine(We do not responsible for toner/DV spillage)

Please include a copy of the RA form and send back with products. (Write RA number on outside of the box)