



6 Cherry Hill Drive, Danvers, MA 01923 Phone (978) 774-7100 Fax (978) 774-7117

Credit Return/Exchange Request

RMA# for Credit:
RMA# for Exchange:
Other (Please Explain):

Reason for return (Please Circle): **Axis Error** **Vendor Error** **Customer Error**

Date: _____

Name: _____

Company Name: _____

Email: _____

Phone: _____

Fax: _____

Shipping Address: _____

City: _____

State/Zip Code: _____

Billing Address: _____

City: _____

State/Zip Code: _____

Note: Approval for Return & Restocking fees will be based on:

1. Condition of item and use of original packaging
2. Manufacturer's return policy
3. Age of item and date purchased
4. Marketability of item - stock or non-stock

All items must be un-used and in their original packaging - exceptions may apply.

Axis New England retains the right to refuse return of products 90 days after invoice date.

Only items purchased from Axis New England may be returned for credit.

Item for Return/Exchange #1 - All Required Entries

Original PO#: _____
Part or Model Number: _____
Quantity: _____
Product Description: _____
Serial Number: _____
Manufacturer: _____
Original Invoice# if Known: _____
Reason for Return:

Item for Return/Exchange #2 - All Required Entries

Original PO#: _____
Part or Model Number: _____
Quantity: _____
Product Description: _____
Serial Number: _____
Manufacturer: _____
Original Invoice# if Known: _____
Reason for Return:

Item for Return/Exchange #3 - All Required Entries

Original PO#: _____
Part or Model Number: _____
Quantity: _____
Product Description: _____
Serial Number: _____
Manufacturer: _____
Original Invoice# if Known: _____
Reason for Return:

Please Fax Completed Form to: 978-774-7117