

Return Material Authorization Request Form

DATE: _____ CUSTOMER #: _____ DEALER NAME: _____

CONTACT PERSON: _____ PHONE: _____ EMAIL: _____

Your RMA# will be provided to you by Continental upon completion of this form. Kindly insert a copy of this form with your shipment return along with the RMA number provided to you.

RMA # _____

****MANDATORY -CAS TECHNICAL SUPPORT TICKET NUMBER- CAS****

REASON FOR RETURN:

- Card evaluation- Please advise mode of transport for credential return.
 Note: Customer is responsible for the freight associated with credential return.
Continental is not responsible for delivery of credentials to their final destination after handoff to specified carrier.
- CREDIT – Less 25% restock fee CREDIT – Manufacturer defect
- ADVANCE REPLACEMENT [ONLY OFFERED ON PRODUCTS STILL UNDER WARRANTY.-Note- Technical support ticket number required for advanced replacement requests
 Shipping Address: _____
- WARRANTY REPLACEMENT NEW PURCHASE ORDER NO. _____
 (REQUIRED FOR WARRANTY AND NON WARRANTY AND ADVANCE REPLACEMENTS)

Quantity	Part No.	Purchase MONTH/YEAR			Problem Description

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Approved By: _____

Continental Access

Date: _____

PLEASE SHIP RETURNS TO:
ATTN: RMA # (Issued by Continental)
CONTINENTAL ACCESS 355
BAYVIEW AVENUE
AMITYVILLE, NY 11701

THIS RMA NUMBER IS VALID ONLY FOR MERCHANDISE RETURNED WITHIN 90 DAYS OF ISSUANCE.
RMAREQUESTFORMREV6FEBRUARY2021