



VAN ISLE WATER RMA FORM

461 Dupplin Road
Victoria BC V8Z 1B8
250-383-7145
www.vanislewater.com

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CONTACT NAME: _____

TELEPHONE #: _____

FAX #: _____

PLEASE SHIP TO: VAN ISLE WATER
VICTORIA, BC
V8Z 1B8

WARRANTY: _____
COURIER OF CHOICE: _____

ACCOUNT NUMBER: _____

QUANTITY: _____ **MODEL:** _____ **DESCRIPTION & SERIAL #:** _____

PROBLEM: _____

EQUIPMENT SHIPPED WITH UNIT: _____

**PLEASE INCLUDE COMPLETED FORM INSIDE THE BOX WITH THE UNIT
AND/OR FAX IT TO (250) 385-1216 ATTN: MIKE/REPAIRS
IMPORTANT: PLEASE CLEARLY MARK RMA # ON THE OUTSIDE OF THE BOX**

FOR VAN ISLE USE ONLY:

DATE RMA ISSUED:	DATE RECEIVED:
ISSUED BY:	RECEIVED BY: