JKL Customer RMA Request Form

Organization: _____ **Phone No:** _____ **Fax Number:** _____

Contact Person: _____ **Email:** _____ **Date:** _____

Shipping Address: _____ **Postal Code:** _____

Item No	Invoice Number	Invoice Date	Product Code	Problem Description (Please specify details)	JKL Use Only RMA No.

- **Please ship defective parts freight pre-paid to:**

JKL Micro Distribution
1250 Gardiners Road
Kingston, Ontario
K7P 2T5
Attn: RMA Receiving Dept.