* Denotes a required field. (If these fields are left blank the RMA will not be processed)

Please complete this form with your details. Any missing or incomplete information may delay the processing of this form.

Send the completed form to ems.returns@carrier.com, the information will be checked and an RMA returns label will be emailed to you.

If you have any queries regarding the return or repair of your goods, please email us at ems.returns@carrier.com

*Full Company Name:	
*Contact Phone No:	
*Name: *(point of contact)*	
*Email address: *(to send the RMA No)*	
*Company Address:	
*Is this also the Return Address?	
Return address: *(If different from above)*	
EMS contact name: *(If applicable)*	

EMS Ltd
Technology House
Sea Street
Herne Bay
Kent   CT6 8JZ
Tel: 01227 369570
Fax: 01227 369679
E-mail: ems.returns@carrier.com
Web Site: www.emsgroup.co.uk

* Denotes a required field. (If these fields are left blank the RMA will not be processed)

*Site address/Reference of returned product(s)	Original order/ref number	*Device type/Part number	*ID/Unit/ Serial Number	*Reason code. (see list)	*Details/Fault description. Please provide as much detail as possible to help us identify the fault.

*Goods Returned By: _____ *Date: _____

Reason Codes:

1 - Repair
2 - Refurbish (including repair)
3 - Modification
4 - Disposal
5 - C.P.R. Return

6 - Return from Advance Replacement
7 - Engineer Investigation Agreed
8 - Credit
9 - Other reason (provide details)

Please note: once quoted, an order number must be received within 10 working days or the product(s) will be returned un-repaired.

You will be informed of all products which are deemed 'beyond economical' repair, they will be disposed of within 7 days unless you have made alternative arrangements for their collection.

*Site address/Reference of returned product(s)	Original order/ref number	*Device type/Part number	*ID/Unit/ Serial Number	*Reason code. (see list)	*Details/Fault description. Please provide as much detail as possible to help us identify the fault.