



**TRUSTED EXPERTS IN  
ADVANCED SECURITY SOLUTIONS**

CSM Pty Ltd. ABN: 33618009680  
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Mount Waverley VIC 3149  
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## Return Material Authorization Form

<b>Customer Information</b>		<b>DATE:</b>
Customer Name		Address:
CSM Account number		
Contact Details		
Tel		

<b>Product Information</b>						
No.	Model	Serial Number	Quantity	Reason Code	Original Invoice	Fault Description
1						
2						
3						
4						
5						

**Reason Code**  
Record appropriate number in the Reason Code # column above

1. Warranty	5. Incorrect Goods sent
2. Not required	6. Goods not ordered
3. Overcharge	7. Not warranty repair
4. Invoiced incorrectly	8. Others

**PLEASE SIGN HERE**

*Terms and Conditions*

- Copy of Invoice must be attached to this form to be processed as a warranty claim.
- Goods returned must be properly packaged and in a saleable condition.
- By giving your product to CSM, the following will apply:
  - 15% restocking fee and freight charge will be applied if goods found not faulty and in saleable condition.
  - Full recharge will apply to customer if goods found not faulty and not in saleable condition.

**I have read and accept the terms & conditions set out in this form.**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**CSM Office Use Only**

Customer given replacement  Yes  No Replacement Invoice number \_\_\_\_\_

CSM Staff name: \_\_\_\_\_

CSM RMA Reference \_\_\_\_\_ Date of RMA \_\_\_\_\_