

# Return or Repair Authorization Form



Type of Request:

RMA#

(reserved for GRYB staff)

Date of the Request:

## Information of the applicant

Full Name:

Company Name:

E-mail:

Phone Number:

## Customer Information

Full Name:

Company Name:

E-mail:

Phone Number:

| Item to return or repair | Part Number          | Serial Number        | Invoice Number       | Condition            |
|--------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Reason for the return or repair to be carried out (enter all the necessary details regarding your request):

Warranty coverage (reserved for GRYB staff)

Parts

Labor

Freight

Tracking #:

Please attach all relevant photos and documentation to your e-mail before sending this form.

[Send your RMA form \(PDF file\) to service@gryb.ca.](mailto:service@gryb.ca)

By submitting this form, you agree to our [Terms and Conditions.](#)

For any questions regarding this document, please contact: [service@gryb.ca](mailto:service@gryb.ca)