



RMA REQUEST FORM

Company Name:	Purchase Date:
Invoice/Purchase Order No:	Sentral Contact:
Chassis Serial No:	Sentral Use Only:

Please ensure goods are adequately packed (preferably in original packing) and ship to:-

Sentral Limited
Royal Mail House
Terminus Terrace
Southampton
SO14 3FD

Please confirm whether packaging appeared damaged?

Please confirm whether product appeared damaged?

Please detail your address:-

Please detail return address (if different to adjacent):-

Signed:

Print name:
Position:
Tel.
Date:

Note: If approved, Sentral will issue an RMA number
All fields above must be completed before an RMA
number can be issued. **Please note that goods will not
be accepted without an official RMA number.**

RMA No.

Authorised by:

Date:

Sentral Technical Department only:-

Name:-

Date: