



Telephone: (204) 831-8468
 Toll Free: (877) 403-1220
 Facsimile: (204) 831-8464

Warranty / Return Form:		RGA# <input style="width: 100px;" type="text"/>					
Date: <input style="width: 150px;" type="text"/> Customer: <input style="width: 250px;" type="text"/> Address: <input style="width: 350px; height: 60px;" type="text"/> Phone: <input style="width: 350px;" type="text"/> Fax: <input style="width: 350px;" type="text"/>		Returning Goods? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> Canadian Return <input checked="" type="radio"/> American Return BTM EQUIPMENT INC. <input type="checkbox"/> <input type="checkbox"/> 330 Saulteaux Cres. Winnipeg, Manitoba R3J 3T2 14419 Atlanta Dr. Laredo, TX 78045					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Replacement Sent?</td> <td style="width: 50%;">Replacement Needed?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		Replacement Sent?	Replacement Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Return Authorized by <input style="width: 250px;" type="text"/> Shipping Details: <input style="width: 300px; height: 40px;" type="text"/>	
Replacement Sent?	Replacement Needed?						
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Date Purchased: <input style="width: 150px;" type="text" value="08/03/2013"/>		Invoice #: <input style="width: 150px;" type="text"/>					
Length of time in use: <input style="width: 150px;" type="text"/>		Unit serial # <input style="width: 150px;" type="text"/>					
Model# <input style="width: 150px;" type="text"/>		Description of Problem: <input style="width: 450px;" type="text" value="SENT THE ORDER TWICE"/>					
Worked Performed:		Rate:	Hrs.				
<input style="width: 300px;" type="text"/>		<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>				
Parts:		Labour:					
Part#	Description	Quantity	Price				
<input style="width: 100px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>				
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<input style="width: 100px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>				
		Parts:					
		\$					
		Total Credit:					
		\$					
		Route to Engineering for Inspection?					
		<input type="checkbox"/> Yes					
		<input type="checkbox"/> No					