LETTER OF INTENT

Please complete this Letter of Intent to request Advance Replacement Equipment. When it has been completed please fax to the address below. Upon receiving this fax O.S.S. will release the equipment
Please note the RMA Number on the form for your Return Equipment. If this form was downloaded from our Web Site and faxed to us, this form will be faxed back to you with an RMA Number for your Return Equipment.

TO: Quality Department
Open Storage Solutions
2 Castleview Drive
Brampton, Ontario L6T 5S9
(905) 790-0660 Fax (905) 790-0712

From: Include your name, company, shipping address c/w Postal/Zip Code

Phone
Email: Fax:

Please List Equipment Being Returned:

MODEL #	SERIAL #	ORIGINAL OSS # OR INVOICE #	FAULT

This letter is to verify responsibility for the return the above listed equipment, which I am returning after receiving a replacement unit.
The above listed equipment will be returned to Open Storage Solutions within 10 days upon receipt of the swapped product. We understand that if the above listed equipment is not returned to Open Storage Solutions within 10 days, an invoice will be issued.

SIGNATURE _____

TITLE _____

Please use RMA # _____ for Return.

---------- OPEN STORAGE SOLUTIONS USE ONLY ----------

OSS Approval By Name & Title: Roger Holmes - QM	
Replaced unit ( ) Date shipped:	Serial #:
Returned unit received ( )	Date:
Final disposition of returned unit Copy to Quality Manager ( )	NFF ( ) Replaced by manufacturer ( )