



2519 4th Avenue, Moline IL 61265 - Phone (309)762-0731 - Fax (309)762-8215

RETURN MATERIAL AUTHORIZATION

**** Denotes information required for an RMA # to be issued**

Date: _____

Customer #: _____

**Company: _____ RMA # _____

**Address: _____ **Contact Name: _____

_____ **Phone: _____

_____ **Fax: _____

**Project Name: _____ E-Mail: _____

**RETURN FOR: CREDIT CREDIT w/RESTOCK FEE (15%)

WARRANTY REPAIR NON-WARRANTY REPAIR

(If returning for CREDIT, an Original Order #, Invoice #, or Original Customer PO# is **REQUIRED**)

| **Quantity | **Part or Model # | Date code | Serial # | Length of time unit was in service | **Original customer PO# or Invoice# |
|------------|-------------------|-----------|----------|------------------------------------|-------------------------------------|
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|---------------------------|--|
| **Description of problem: | |
| | |

| **Quantity | **Part or Model # | Date code | Serial # | Length of time unit was in service | **Original customer PO# or Invoice# |
|------------|-------------------|-----------|----------|------------------------------------|-------------------------------------|
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| **Description of problem: | |
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| **Quantity | **Part or Model # | Date code | Serial # | Length of time unit was in service | **Original customer PO# or Invoice# |
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| **Description of problem: | |
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| **Quantity | **Part or Model # | Date code | Serial # | Length of time unit was in service | **Original customer PO# or Invoice# |
|------------|-------------------|-----------|----------|------------------------------------|-------------------------------------|
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| **Description of problem: | |
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All material must be returned in its original packaging with the original documentation.