RETURN MATERIAL AUTHORIZATION REQUEST

RMA NO.							
DATE OF ISSUE							
RMA AUTHORIZED BY							
DATE OF REQUEST							
CUSTOMER NAME							
CONTACT NAME							
PHONE NUMBER							
E-MAIL ADDRESS							
BILLING ADDRESS							
SHIPPING ADDRESS							
·							
RETURN SHIPPING METHOD							
COLLECT SHIPPING ACCT#							
PURCHASE ORDER NUMBER							
TERMS (Please Check One)	IET 30		CREDIT CARD PA	YMENT			
REASON FOR RETURN (Please Check One)							
OTHER	EVALUA	TION		CREDIT			
If returning for credit, original purchase order information must be provided and restocking fee may apply							
PART NUMBER	QTY	ITEM DESCRIPTION					
DESCRIPTION OF REQUEST OR PROBLEM (Do not use the word "Defective", Include as much detail as							
possible, specifically as it relates to a failure condition)							
TERMS: A lab charge of \$50.00 will be assessed to the RMA and no credit will be issued if our							
inspection and testing determines that the returned product(s) are not defective and the reason							
for failure is from improper installation technique, improper handling, abused, dropped, improper							
treatment, or misused. This RMA is voided and no product analysis will take place without your							
approved and binding signatur	e belo	w.					
Signature		Print Na	me			Di	ate