



Date:

Return Authorization Request Form

Once this form is completed and processed, your authorization will be faxed to you.

Do not return any packages without a valid RMA # on outside of box.
Note: Install date refers to machine installation, not installation of replacement parts.
Please check the box below noting warranty, replacement, or return.

Company Name:		Contact:	
Address:		Phone:	
City / State		Fax:	
Zip:		Warranty:	<input type="checkbox"/>
		Replacement:	<input type="checkbox"/>
		Return:	<input type="checkbox"/>

Please give as detailed reason for return as possible, "**defective, broken, or warranty**" is **not acceptable**.
 Note: Fields marked with (***) are REQUIRED for RMA to be processed.

Machine Model:		***Serial Number:		***Install Date:	
***Part Number:		Qty:		Invoice or Sales order #	
Description:				***Customer PO#	
***Reason for Return:					

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Description:				***Customer PO#	
***Reason for Return:					

Please include a copy of the Return Authorization form with your shipment and note RMA # and date on the outside of the package.
 20 % Restocking fee applied to returns due to customer error.