

DAMAGE & RETURN MATERIAL AUTHORIZATION (RMA) CLAIM REQUEST

SECTIO	ON I											
REQUI Dealer	RED Name:							C	ontact:			
Address:							Phone/Ext:					
City: State:							Zip:					
SECTION II									Email:			
	Damage for freig original cartons o								uest.			
Reason For Request			Concealed Da	mage		leeded			Wrong Material Shipped			
				Freight Damag	ge		Warranty De	efect			тррси	
Other: (Please Explain)												
Return	for Credit?	O NO	○ YES									
Return	for Repair?	○ NO	YES									
Replacement Needed? ONO OYES (Note- By signing below you acknowledge that the replacement will be invoiced and credit issued once the return is processed.)									2			
Was ar	ny possible damag	e noted on	the Bill of	Lading or POD?	•	○ NO	○ YES					
Are the item(s) still in the original packaging?					○ NO	○ YES						
SECTIO	ON III											
QTY Model/Description				Serial Number			PO Numb	er Sa	les Order Number			
Shipping Instructions: 1 Ship only those items that are authorized. 2 If item is Return for Credit it must be in original packaging and unopened. 3 Please include a copy of this form with the RMA number provided in the shipping documents. 4 Make a copy of this form for your records. 5 Physical damage, mis-handling, mis-use, or product modifications will void Warranty return. 6 Once issued, the RMA is valid for 60 days only.												
Custon	mer Signature :						_	Date: _				
						AL USE ONLY	***					
CSR: INVOICE AMT \$									CREDIT AM	Τ\$		
FREIGH	HT CLAIM FILED?			APPLY RESTOC	CKING?	O NO	YES					
RMA ISSUED NO YES RMA# Replacement Entered									ı 🗆			