



2519 4th Avenue, Moline IL 61265 - Phone (309)277-5258 - Fax (309)277-5291

RETURN MATERIAL AUTHORIZATION

Date: _____

Customer #: _____

**Company: _____

**Address: _____

**Project Name: _____

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

RMA # _____

**Contact Name: _____

**Phone: _____

**Fax: _____

E-Mail: _____

**RETURN FOR: ☐ CREDIT

☐ CREDIT w/RESTOCK FEE (15-25%)

☐ WARRANTY REPAIR

☐ NON-WARRANTY REPAIR

(If returning for CREDIT or WARRANTY REPAIR, 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#

**Description of problem:	

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All material must be returned in its original packaging with the original documentation.