

To request an RMA Number, fill out this form and click **SUBMIT** to email completed form.

\* Indicates required fields

**CUSTOMER NUMBER:**   
*(can be found on packing list)*

**INVOICE NUMBER:**   
*(can be found on packing list)*

\*NAME purchase was made under:   
COMPANY:   
EMAIL:   
PHONE:  FAX:

\*CONTACT ME WITH RMA NUMBER BY:  Email  Phone  Fax

\*SHIPPING METHOD USING TO RETURN PRODUCT:  UPS  US Mail  FedEx  
*(Shipping method must be prepaid, insurable and trackable)*  Other —

**ITEM(S) BEING RETURNED:**

\*ITEM DESCRIPTION:   
\*ITEM NUMBER:  \*QUANTITY:

I have additional items that I need to return.  
*(Please make note of these in the comments box below.)*

**\*REASON FOR PRODUCT RETURN:**

Shipping Damage  Defective Part  Wrong Item  Changed Mind

**DESCRIPTION OF PROBLEM:**

**\*ACTION YOU WOULD LIKE US TO TAKE:**

Send Replacement  Reimburse Credit Card  Repair Item

**IF SENDING REPLACEMENT ITEM(S):**

Send Same Item as Ordered  Send Replacement Part  Send Different Item

**ITEM/PART DESCRIPTION AND/OR NUMBER:**

**SHIPPING ADDRESS for sending Replacement/Repair:**

STREET:   
CITY:  STATE:   
POSTAL CODE:  COUNTRY:

**Additional comments or instructions:**

**NOTE: The returned item must be received within 30 days of the RMA Number issue date.**

Print for your records, then click Submit button below to email this form.

**SUBMIT**