RMA# _____ Customer RMA Request Form

DATE: _____

Original PO# _____
Company Name: _____
Contact Name: _____
Street Address: _____
City, State, Zip _____
Email Address: _____
Phone Number: _____
Purchased From: _____

Fabtech Motorsports
4331 Eucalyptus Ave
Chino, CA 91710

Email To:
INFO@fabtechmotorsports.com
Fax To: (909) 597-7185

Please complete all sections

Part Number	Part Description	New or Installed?	Qty	Reason For Return	Original Purchase Date

Comments: _____

*** ALL RETURNS** are subject to inspection. No guarantees or full refund are made until items have been inspected. Restock, rebox or administrative *fees may be applied.*

Received by: _____ **Date:** _____