

RMA REQUEST FORM

For accu	rate processin	g, please comp	olete all information and fax back to 800-847-7324.
CUSTOMER NUMBER:			CUSTOMER REFERENCE #:
CUSTOMER NAME:			CUSTOMER FAX #:
CUSTOM	ER ADDRESS: _		
CITY, STA	ATE, ZIP:		
CUSTOM	ER AUTHORIZE	D SIGNATURE:	
FACTORY	REPRESENTA	TIVE SIGNATU	RE:
			REASON FOR RETURN/CREDIT (Be Specific)
Quantity	Part Number	LOT MUTIDE	
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Will Be Iss	sued After Recei	pt of Goods at th	09 Warehouse Distributor Terms and Policies, Section VIII entitled, Returns. 2) Credit ne Factory. Do Not Deduct Until Credit Memo Has Been Issued. 3) Items Received But red And No Credit Issued.
RMA R	ETURN REC	CEIPT REQU	JEST (Applicable only on valid warranty requests)
	RECEIPT I	REQUEST A	ADDRESS:
	Name:		
	Address:		
OF-060		•	11/27/2007

QF-060