



## RMA Request Form

This form is being provided in order to obtain all the necessary information that we need to request an RMA from the prospective vendor. Please complete all the information to avoid any delay.

Customer Information		
<b>Company:</b>		<b>DATE:</b>
<b>Contact:</b>		<b>Phone:</b>
<b>Email:</b>		
<b>Return PO#:</b> (Must be provided in order to obtain an RMA# from the vendor.)		
Ship-To Information		
<b>Address:</b>		
Product Information		
<b>Your PO # the product was purchased on</b> (must be provided in order to process your request)		
Part # (s)	Serial # (s):	Problem Description
<b>Manufacturer:</b>		
<b>Warranty Claim? Yes/No</b>		<b>Repair Request? Yes/No</b>

*You will be provided RMA return instructions via email once the vendor has issued the RMA with return instructions. To avoid any delay or loss, Please do not return anything until you have been issued an RMA #.*

**RETURN FORM TO:**

**[RMA@TRI-PHASE.COM](mailto:RMA@TRI-PHASE.COM)**

**Tel: 262-696-6150 Fax:262-696-6155**