



RMA # _____

REQUEST FOR RMA # RETURNED MATERIAL AUTHORIZATION NUMBER)

Our policy is to Pre-Authorize with RMA # for returned items.
Please complete and fax this form to (360) 651-8080 for RMA consideration. Our policy is to Repair and Return the unit.
A Customer Service Representative will contact you after the determination is reached.

Requested By		Date Requested	
Company Name		Branch (if applicable)	
Contact Information (Phone, Fax, E-mail)			
Your Customer's Name (if applicable)		Customer Contact Information (Phone / Fax / Email)	
Part #	Serial Number		IC #
			Time on Unit
SERIAL NUMBER & IC # LOCATED ON DATA PLATE			
Unit originally purchased from?	Purchase date	Warranty Consideration? Yes <input type="checkbox"/> No <input type="checkbox"/>	Customer Request for Work Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for return			
<i>Please drain the returned item of fuel and mark the box containing the returned item with the RMA # to expedite receiving.</i>			
If the unit is to be returned to the customer or replaced please provide the following information. Our policy is to ship the unit best way (least expensive) at no charge, if unit is covered under warranty. If requesting expedited shipping, it is at the customer's own expense.			
RETURN SHIPPING INFORMATION			
Ship To: Company Name		Attn:	
Address, City, State & Zip Code			
Telephone	Fax	E-mail	
Shipping Instructions: (Please provide transport carrier and method)			
VIA:	Acct #	Freight COD <input type="checkbox"/>	
For Internal Use Only: (use back for additional comments if necessary)			
Return Approved? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, write RMA # above. If no, reason:			
If this is a Warranty request, has the customer received a replacement? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, PO# _____ Has this unit been to a Warranty Repair Station? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, which one and when? _____	SO and/or Invoice # _____	
Is unit on the Upgrade list? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Current IC #	Update to Current IC Yes <input type="checkbox"/> No <input type="checkbox"/>	Cost Quoted to Customer to Update and/or Work Requested by Customer	

**If the unit is not within the parameters of our Commercial Warranty,
the unit will be returned and the customer billed for charges.**

Please contact _____, PAM Customer Sales Representative, at (360) 651-8282 or E-mail
_____@precisionairmotive.com for any information regarding this unit.