

Customer Return Material Authorization Form (RMA)

Please print this form and fill out the top section.

USE ONE FORM PER ITEM

Return this FORM with product to
Techniquip at 530 Boulder Ct. St 103, Pleasanton CA 94566

Customer: _____ Contact: _____
 Address: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip: _____
 Product Description: _____ S/N: _____
 Description of Problem / Comments: _____

Return for **CREDIT** / **REPAIR** (circle one)

If returning for credit, please provide TechniQuip Invoice Purchased Under: _____
 (If "Return for Credit", it must be in new condition / original packaging.)

For Status

e-mail blue@techniquip.com or
 Call 925-251-9030 or Fax 925-251-0704

----- Techniquip Use Only – Do Not Write Below This Line -----

RMA No: _____ Date Product Received: _____
 Serviced by: _____ Date Serviced: _____
 In Warranty: Y/N Cost of Repair: _____
 Customer product has been credited, repaired or replaced: _____
 Date Resolved: _____ Invoice: _____ Tracking # _____
 Outcome/Notes: _____
