



## RMA REQUEST FORM

Please complete form in its entirety and return via email or fax.  
All fields with \* are required. Incomplete forms will be returned.

**RMA# :**

COMPANY INFORMATION		
Company Name:	*Customer# or Order#:	*Date:
*Contact Name:	*Email:	*Phone:
*Billing address:	Fax:	
*City:	*State:	*ZIP Code:

SHIPPING INFORMATION (IF DIFFERENT THAN ABOVE)		
Company Name:	Attention:	
Address:	Phone:	
City:	State:	ZIP Code:
*Advance Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No	PO#:	

PRODUCT INFORMATION	
*RMA : <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Credit	*Warranty <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

*Item Desc.		
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Serial #:	Part#:	Quantity:
Reason for return: <input type="checkbox"/> Product Defective <input type="checkbox"/> Product Damaged <input type="checkbox"/> Product not needed <input type="checkbox"/> Double shipment		
Condition of product: <input type="checkbox"/> Unopened <input type="checkbox"/> Opened only <input type="checkbox"/> Opened, installed <input type="checkbox"/> Open, installed, damage <input type="checkbox"/> Original packaging		

Details of issue(s):
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INTERNAL USE ONLY					
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Date Received:			Date Reviewed:		
			Reviewed by:		
Return item (s) to vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No			Return item (s) to stock? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Restocking fee? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount/ Percentage:		
PR:	Date:	Initials:	PO:	Date:	Initials:
	Amount:	Initials:	PI:	Date:	Initials:
Repair Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Celina shipping charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Customer shipping charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Replacement Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Shipped:		

NOTES:
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Email form to [returns@celinatent.com](mailto:returns@celinatent.com) or print & fax form to **419-584-0949**