



Solutions for Power Quality®

1450 Lakeside Drive
Waukegan, IL 60085
Phone: (847)596-7000

REQUEST FOR RETURN MATERIAL AUTHORIZATION

FOR PROCESSING FAX TO (847)596-7100

Customer Information

ATTN: _____

Requested By: _____

Customer: _____

Contact: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

E-Mail Address: _____

Product Information

Model #: _____ Part #: _____

Serial #(s): _____

Reason for return: _____

RMA # MUST BE WRITTEN ON OUTSIDE OF SHIPPING CARTON

Return product to address listed above. This form should accompany shipment

FOR POWERVER INTERNAL USE ONLY BELOW THIS LINE

Original Billing Information

Invoice #: _____

Date of Purchase: _____

Purchase Order #: _____

Sales Order #: _____

Customer Notified

In Warranty (excludes customer abuse or shipping damage)

Out of Warranty (Batteries)

Out of Warranty (Electronics)

RMA # _____

Issued By: _____

Date Issued: _____