

**THERMOTEK
RETURN MERCHANDISE AUTHORIZATION (RMA)
REQUEST FORM**

Request by FAX form:

Print this form, complete and fax to 972-874-4945.
ThermoTek will contact you with the RMA number.

Ship the unit per the shipping instructions.

Company & Billing Information

Company: _____
Bill To: _____
Bill to Phone: _____
Ship to Address: _____
City: _____
State: _____
Zip Code: _____
Country: _____
Ship to Phone: _____
Purchase Order: _____

Unit Information

Model: _____
Serial Number: _____
(Found on back plate of unit)
Revision Number: _____
(Found on back plate of unit)
Describe Problem: _____

Contact Person

Name: _____
Phone: _____
Fax: _____
E-mail: _____

RMA Number: _____
(ThermoTek will complete)