

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

**Request by fax form.** Print this form, complete and fax to 972-446-1195. ThermoTek will contact you with the RMA number. Ship 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: \_\_\_\_\_

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**Unit Information**

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

(found on back plate of unit)

Revision Number: \_\_\_\_\_

(found on back plate of unit)

Describe Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Contact Person**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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RMA Number: \_\_\_\_\_

(ThermoTek will complete)