



RMA Request Form

Return Address:

4560 West 160th St.
 Cleveland, OH 44135
 Phone: 800-251-0001
 Fax: 888-225-5636
 Email: RMA@us-egi.com

FOR INTERNAL USE ONLY

CONTACT INFORMATION

DATE	*BILL TO NAME†		
STORE #	*STORE NAME		
*STREET ADDRESS			
*CITY	*STATE	*ZIP	
*REF/CLAIM#	EMAIL		
*PHONE	FAX		

† "Bill to Name" is the name of the Warehouse or Buying Group product is purchased from if not purchased directly from manufacturer.

 This is your store's unique identifier for the Return Request much like your Purchase Order number on your product orders.

 *Denotes a required field

PLEASE LIST ALL ITEMS TO BE RETURNED ALONG WITH REASON FOR RETURN

QTY.	ITEM #	MODEL	SERIAL # <small>Required for Heaters</small>	REASON FOR RETURN

ATTENTION: YOU MUST WAIT FOR A RETURN AUTHORIZATION NUMBER & SPECIFIC SHIPPING INSTRUCTIONS RELATED TO YOUR RETURN BEFORE SENDING PRODUCT BACK.

Once we receive your request form, we will email/fax back an RMA verification report. Please include a copy of the RMA verification report with the product. Failure to include or provide the assigned RMA number may result in a *delay in receiving credit or no credit issued* . Failure to follow provided shipping instructions will result in charge backs of the shipping costs.

Check here if you are unable to bill the Receiver using our Collect Numbers and require a Prepaid FedEx Label. *(For US Addresses only)*

REQUESTED BY: _____