

## Customer Return Material Authorization Form (RMA)

Please print this form and fill out the top section.

### USE ONE FORM PER ITEM

Return this FORM with product to  
Techniquip at 5653 Stoneridge Drive, Ste. 101, Pleasanton, CA 94588.

Customer: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Product Description: \_\_\_\_\_ S/N: \_\_\_\_\_

Description of Problem / Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Return for CREDIT / REPAIR (circle one)

If returning for credit, please provide TechniQuip Invoice Purchased Under: \_\_\_\_\_

*(If "Return for Credit", it must be in new condition / original packaging.)*

### For Status

e-mail [blue@techniquip.com](mailto:blue@techniquip.com) or

Call 925-251-9030 or Fax 925-251-0704

### ----- Techniquip Use Only - Do Not Write Below This Line -----

RMA No: \_\_\_\_\_ Date Product Received: \_\_\_\_\_

Serviced by: \_\_\_\_\_ Date Serviced: \_\_\_\_\_

In Warranty: \_\_\_\_\_ Y/N \_\_\_\_\_ Cost of Repair: \_\_\_\_\_

Customer product has been credited, repaired or replaced: \_\_\_\_\_

Date Resolved: \_\_\_\_\_ Invoice: \_\_\_\_\_ Tracking # \_\_\_\_\_

Outcome/Notes: \_\_\_\_\_

\_\_\_\_\_