



939 Industrial Drive
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RMA # _____

Return Material Authorization Form

In order to serve you, we ask that you please fill out the requested information so we may process your return with more accuracy and efficiency.
Please enclose a copy of this form properly filled out with product. Thank you for your cooperation.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------|
| Company Name: _____ | Date: _____ | |
| Contact Person: _____ | Bill to: _____ | |
| Ship to Address: _____ _____ _____ | <input type="checkbox"/> Same as ship to Address | |
| Phone: _____ | Fax: _____ | Email: _____ |
| Shipping Method: UPS UPS RED UPS BLUE FEDEX FEDEX NDA FEDEX 2ND DAY OTHER: | | |
| 1) Original PO # _____ | | |
| 2) Original Invoice # _____ | | |
| 3) Part Number _____ | | |
| 4) Serial Number _____ | | |
| 5) Make, Model, & Serial # of Equipment that unit was installed: _____ _____ _____ | | |
| Complaint or Error Codes Displayed on Dash: _____ _____ _____ _____ | | |
| Was unit installed by an agent of your organization or was it resold to an end user or third party organization? _____ _____ _____ _____ | | |