

RMA #:		
Location:		
Ui Employee:		

RMA REQUEST FORM

Custo	omer Informatio	n						
Company:				Name:	Name:			
Date:				Phone:	Phone:			
Address:				Email:	Email:			
 Advanced replacement is required for defective product returns. Special order items are subject to a restocking fee (in some cases, may not be returnable at all). Non-stock and custom items are non-returnable, non-refundable. All returns must be in original packaging with all accessories included. Any "open box" or damaged items may be subject to a restocking fee. Manufacturer warranty programs may apply. Items must be returned to Ui Supplies within (14) days of receiving RMA paperwork. All sales are final after (90) days. 								
Qty	Part #	Invoice #	Purchase Date	Serial # (if applicable)	Reason for Return (if defective, please describe issue)			
Additional Notes								