

SmaK Products

Return Material Authorization Form

NOTE: This form must be completed for all returns.

RMA# _____

Date _____

SmaK Rep: _____

Customer Information:

Customer Name: _____

Contact Name: _____

Account#: _____

Phone: _____

Fax: _____

Issuance of an RMA number does not indicate approval of your claim.

For warranty claim evaluation, please provide the following information (Serial Number Required):

Machine/Tool Model: _____

Purchase Date: _____

Serial Number: _____

Date Sold: _____

This RMA# Authorizes the return of the following:

<u>QTY</u>	<u>PART NUMBER</u>	<u>DESCRIPTION</u>	<u>INVOICE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Request for Warranty Labor

Labor (Hours, within two years of purchase): _____

Description of Work Performed:

Please Note: PARTS MUST BE RETURNED TO SMAK PRODUCTS WITHIN 30 DAYS
FAILURE TO DO SO WILL RESULT IN NO CREDIT BEING ISSUED.
ALL PRODUCTS ARE TO BE RETURNED FREIGHT PREPAID

RETURN ALL PARTS TO:

SmaK Products
9116 NE 130th Ave.
Suite 106
Vancouver, WA 98082

Phone: (360) 882-0410 x1625 FAX: (360) 882-8728