



Return Material Authorization Form (pg. 1)

Please provide the following information

Customer Contact Information

Company Name:

First Name:

Last Name:

Address 1:

Address 2:

City:

State:

Zip Code: -

Phone Number: - - ext

Email Address:

Customer Product Information Contact (Technical)

Company Name:

First Name:

Last Name:

Phone Number: - - ext

Email Address:

Product Information

Product Model:

Serial Number:

Description:

Date of Purchase mm/dd/yyyy

Discrepancy

Please be detailed



Return Material Authorization Form (pg. 2)

Shipping Information

Company Name:

Attention:

Address 1:

Address 2:

City:

State:

Zip Code: -

Phone Number: - - ext

Email Address:

Shipper Information*

Company Name:

Contact:

Authorization Code

Authorized Method:

Phone Number: - - ext

* If preferred shipping information is not provided, CPC will ship via the most economical method. Shipping costs will be added to invoice.

* ☐ **Shipping Container Required.** (There will be an additional charge of \$300.00 per crate.)

I acknowledge that I have read and understand the RMA instructions and warranty information. By submitting this form, I agree to CPC's terms and conditions concerning returned products.

Name _____ Signature _____ Date _____

If submitting electronically, send a copy of this form to quality@cpcamps.com. Please save a copy of this form for your records.

If submitting by fax, please send to (631) 434-7026.